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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4	TO FUNERAL DN After this certificate has been signed by the attending physicion and completely filled in by	Q.	Ŧ
15M	110	1/5	7

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1502	CERTIFICATE	OF	DEATH	Re

01455 Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY					2. USUAL RESIDENCE (V	Where decease	d lived. If institu		e before a	dmission)
The state of the s	alto.		MAR	YLAND		Md.	0. 000141			
RURAL and give ne	f outside corporate time forest fown) atonsville	ls, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (II	,		RURAL and g	ive nearest	town)
d. NAME OF HOSPIT	At (If not in hospital, g	ive street	address)		d STREET ADDRESS . IS RESI				S RESIDENCE	
OR INSTITUTION					ON A DISTRICT				ON A FARM?	
	the Pines						ruly o			ES   NO
3. NAME OF DECEASED (Type or print)	J.	AMES	RI CHI		ADAMS	4. DATE OF DEATH		reb.	Day	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED T NEVER MARR	IED (	B. DATE OF BIRTH		9. AGE (In years		YEAR IF	UNDER 24 HRS
male	white	WIDOW	ED DIVORC	ED 🔲	April 25. 1	1881	(ast birthday)		Days Ho	ours Min,
during most of work	sing life, even if retired	)			STRY 11. BIRTHPLACE (Sto		country)	12. CITI	ZEN OF W	VHAT COUNTRY
President  13. FATHER'S NAME	(rtd)	ECT	enderin R	ros.	Va.				-	
					14. MOTHER'S MAIDEN					
James Adam					Nanie Cle	endeni n	1			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO	O. 17. II	NFORMANT		Ad	dress		
no			15-03-4596	5	Mrs. Christi	ine M.	Adams -	2918 W	lyman	Pkwy.
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	D.	ne for (o), (b), ond (c)	*.	nchial				ONSET .	AL BETWEEN AND DEATH
481X	DUE TO									
Conditions, if a		1								
gove rise to it	mmediole (									
lying couse lost.	) (c	)								
Z PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION G	VEN IN PART	1(o) 19. V	WAS AUTOPSY
S Arteri	oscleroti	c car	rdiovascu	lar	disease				P	ERFORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	OCCURRE	). (Enter noture of injury in	n Part I ar Par	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	20d, II White of wor	NJURY OCCURRED  Not while of work	20e. PL	ACE OF INJURY (Home, for lary, street, affice bldg., e	rm, 20f. (City	y or lown)	(C	ounty)	(State)
21. I certify th	at I attended the	deceas	ed from		, 19 <u>50</u> , ta	19 Feb	19 5	9 that I t	net saw	the deceare
					accurred at 3:30					
0.114 011	^		2, and mo	deam	accorded aczerze		freet, city or town		e date s	DATE SIGNE
ACTUAL ()	No see les	2	- land	/	T Densel			,		DAIL SIGIRE
SIGNATURE	many me	A	mura		w.p. J. Dougl	as roc	Kard			
PHYSICIAN'S NAME (Type)					802 Cath	edral	Street,	Balt	imore	1, Md.
220. BURIAL, CREMATION REMOVAL (Specify) Burial	2/21/59	F	22c. NAME OF CEN		CREMATORY C Cem		TION (City, Iown,	**		(Slote)
23. FUNERAL DIRECTOR	SIGNATURE	01/	ADDRESS	1		C'D BY REGIST		ISTRAR'S SIG	NATURE	
Muy. J.V	icknes	7 xx	ous - Da	ello	17, MA DATE	B 2 4 5	. 1	Chant & 9	6.3.	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01489 Reg. Dist. No.

1. PLACE OF DEATH c. COUNTY	Baltimore		MARYLAND	a STATE 1	NCE (Where de	eceased lived. If institu b. COUNT	v – –	before odmin	
b. CITY OR TOWN RURAL and give	(If outside corporate limits	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Halethorpe 5/					
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give 20 Francis	AVE	ddress)	d. STREET ADD		s Ave.		ON	SIDENCE A FARM? NO [
3. NAME OF DECEASED (Type or print)	First		Middle	Last		) E	•5,195	Doy 59	Year 19
5. SEX Male	1.51- 4.4-	7. MARRI	ED MEYER MARRIED DIVORCED DIVORCED	Mar. 21,	1909	9. AGE (In year yost birthday) 49 yrs	Months	YEAR IF UND Days Hours	FR 24 HRS. Min.
Filling"	10N (Give kind of work do uking life, even if retired) Station	ane 10b. K	Owner	Anna	polis,		12. CITIZ	ZEN OF WHA	COUNTRY?
13. FATHER'S NAME	arles Andr			14. MOTHER'S M.		-			
	ER IN U. S. ARMED FORCE		OCIAL SECURITY NO. 117	Emily	Machi		Idress		
(Yes. no. or unknown)	[If yes, give war or dates of ser NONE	wice)	16 01 5566		M. An	drest 920		cis A	ve
PART I. DE	EATH [Enter only one cau EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO	se per line	e for (o), (b), and (c).]	ry He	mor	rhage		S TY	
Canditions, if gove rise to couse (a), stating lying cause last	g the under-		w vecon ge	mase (	sa ces	novice		7	
CATIC			ONTRIBUTING TO DEATH B				IVEN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature of i	njury in Part I	ar Part II of item 18.)			
Y 20c. TIME OF INJU	10	20d. IN While of work	Not while	PLACE OF INJURY (Ho factory, street, office b	me, form, 201 ldg., etc.)	f. (City or tawn)	(Co	ounty)	(Stole)
21. I certify I olive an	that I attended the au 24 Bradley	decease , 195		19.58, 19.58, 1th occurred at 9		6 5, 195, fram the causes ESS (Street, city ar town	and an th		
220. BURIAL, CREMATI	2/9/59 2/9/59		22c. NAME OF CEMETERY Loudon P		22d.	Baltimo		(Sto	ite)
H SWEAT GREETP	"S Hubbard	4107	Wilkens A	ve.	40. REC'D BY	0.750	SISTRAR'S SIG	NATURE	

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01490

CERTIFICATE OF DEATH

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			1484	CERTIFIC	AIE OF DE	AIR		Reg. Dist. No.		
1.	DI COUNTY BA	LIIMOT	7 <i>E</i>	MARYLANI	a STATE	CE (Where deceased	lived. If institution	Residence before	re admission)	ر
22	B. CITY OR TOWN (I	earest tawn)	limits, write	c. LENGTH OF STAY IN 11	c. CITY OR TOW	N (If autside corpor	ate limits, write RUI	RAL and give nea	rest tawn)	
	d. NAME OF HOSPIT		l, give street a	ddress)	6810	CROSS	WAY		ON A FAR	M?
3.	NAME OF DECEASED (Type or print)	COLUM	First BUS	Middle	BAKER	4. DATE OF DEATH	/=63	10	y Year	5
5.	MALE	6. COLOR OR RAC		DIVORCED	APRIL 6	-1867		Manths Days		HRS.
10	during most of work	king life, even if reti	rk dane 10b. K red)	IND OF BUSINESS OR IN		(State or foreign co	untry)	12. CITIZEN OF		₹TRY?
13.	FATHER'S NAME	BAK	FR		14. MOTHER'S MA					
	WAS DECEASED EVE	R IN U. S. ARMED F (If yes, give wor or dates		OCIAL SECURITY NO.	INFORMANT MRS. ROSA	DAWSON	Addres	CROSS	was	_
		TH WAS CAUSED B IMMEDIATE CAUSE DUE ny, which mmediate	Y; E (a) TO (b)	Cereb arter Onron	ral h	ne mor vocava	rhage		Type	
CERTIFICATION				ONTRIBUTING TO DEATH B				N IN PART 1(0)	PERFORME YES NO	
	(IF EITHER, NOTIFY	MEDICAL EXAMINE	TH R)							
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.		9 While al wark	Not while	PLACE OF INJURY (Ham factory, street, affice bld	dg., etc.)	ar lawn)	(County)	(	State)
	21. I certify the olive on	Variation of the state of the s	he decease	777	oth occurred at /	O/J.M. from	the causes ond eet, city ar town, st	on the date		
	PHYSICIAN'S NAME (Type)	DAVI	dH-	Andrev	V M.D.	Dun	LNKE	171		
L	BURIAL, CREMATIO REMOVAL (Specify)	2/16/	seof		LOWS	SEA	ION (City, town, or	DEL.	(State)	122
23.	FUNERAL DIRECTOR' Ullrich F		ome. 2	ADDRESS		REC'D BY REGISTI		RAR'S SIGNATUR		

Balto.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dilath certificate be executed within 24 haurs after death. Page A may be retained the haspital ar attending physician.

2 FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 sh the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after. may be retained TO FUNERAL DIR VS A15 (4) 15M 9/58

Contract to the contract of th 25 to 10 to Advanced to the second of the 

22c NAME OF CEMETERY OR GREMATORY

ADDRESS

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(Stote)

(plote)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

240. RECED BY REGISTRAY

DATE

may be retail HOSPIT C 0

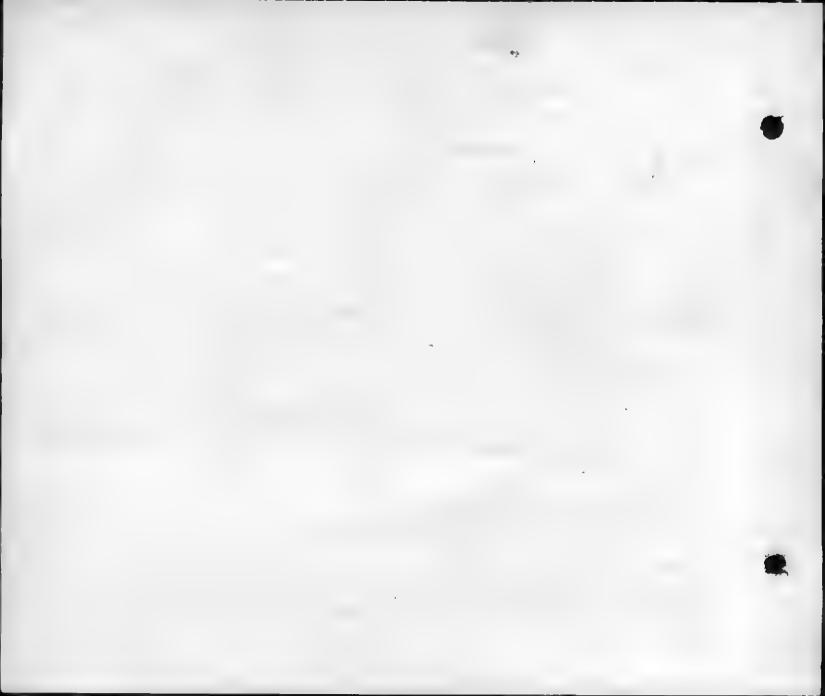
page VS A15 (4) 15M 10/57

220. BURIAL CREMATION.

RPMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

226 DATE THEREOF





9.0		or,	ii h	
Pog		TO FUNERAL DIF COR. After this certificate has been signed by the attending physician and completely filled in by funeral director.	ed s	
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	MARYLAND ST	TATE DEPARTM	ENT OF HEALTH-BA	LTIMORE, 18	
	1507	CERTIFICA	ATE OF DEATH	Reg. D	11493 ist. No.
1.	PLACE OF DEATH O COUNTY  Bac oto	MARYLAND	2 USUAL RESIDENCE (Where december of STATE	sed lived. If institutions Reside b. COUNTY	nce before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and	give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION 2143 Coral Secret	ress) RQ.	d. STREET ADDRESS	wood St	e is residence on a farm? YES NO
3	NAME OF DECEASED (Type or print) HAZEL	Middle /	BEAM DEATH	Manth 2	14 19 5
L	F. W. WIDOWED	DIVORCED 🗍	3/4/1896	9. AGE (In years lest buthdoy) Months	Doys Hours Min
L	O USUAL OCCUPATION (Give kind of work done 10b KIN during most of working life, even if retired)	D OF BUSINESS OR INDU	Ja.	country) 12. Ci	USA.
	FATHER'S NAME	on	14. MOTHER'S MAIDEN NAME	Rec	milds
	Ps. no. of unligavins (III yes, give wor or dates of service)	one Mi	s hellie Lews	a 2143 Col	ralthon K
	18 CAUSE OF DEATH [Enter only one couse per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (a), (b), and (c) ]	wy occlusion		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (o), stoling the under-lying couse lost,	Ceitemache	entre Cardie se	is charteren	2 /R5
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PA	RT I(a) 19. WAS AUTOPSY PERFORMED? YES NO P
1	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	CENTER NOTUCE OF INJURY IN PORT I OF PO	ort II of item 18)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJUI Hour o. m. 19 While of work	Not white	ACE OF INJURY (Home, farm, 201. (Citory, street, office bldg., etc.)	ty or town)	(County) (State)
	21. I certify that I attended the deceased alive on 750 14 195	from C. / /	2 , 19 47, 10 7 44	3 /4, 19 <u>59</u> , that I am the causes and on I	last saw the deceased
	Tous Lines	wiff		Street, city or lown, stote)	DATE SIGNED
	PHYSICIAN'S 20015 SEMEN	CFA	Baltineria	20, Mid	
L	(REMOVAD (Specify) 2/14/59	BOY Cley	Tills Jo	nnslown	(Stol)
23	FUNERAL DIRECTOR'S SIGNATURE	Balto.	7, My DA 1 6'5	40 - 4 40	



and completely filled in by

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1508

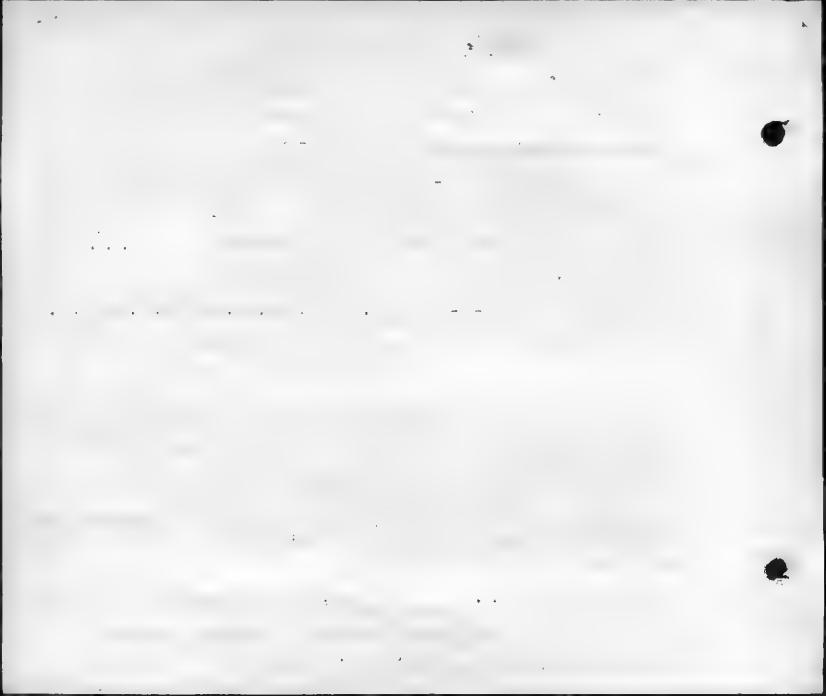
**CERTIFICATE OF DEATH** 

	COUNTY	Baltimore		MAR	YLAND	o. STATE	NCE (WH		lived If institute b. COUNTY				sion)
b.	CITY OR TOWN	(If outside corporate limit	is, write	E. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						n) ,	
	Fort Hov			22 Days		Vienna 7 ×					Y		
d.		TAL (If not in hospital, a	ive street			d STREET ADDRESS						SIDENCE	
		Administrat	ion	Hospital		***-							NO M
	ME OF CEASED	Fin	ıł	Middle		Lost		4. DATE	Mor	th	Day	,	Yeor
	pe or print)	NOA	H	•		BELL		OF DEATH	FEBRUAR	Y 25	5		1959
5. SEX	(	6 COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲	8. DATE OF BIRTH			9 AGE (In years	IF UNDER	1 YEAR	IF UND	ER 24 HRS
M	lale	Colored	WIDOWI	ED DIVORCE	D	8/31/95	Ś		63 birthdoy) yrs.	Months	Doys	Hours	Min
0a. L	SUAL OCCUPATI	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS O	OR INDU	TRY 11 BIRTHPLA	CE (Stole	or foreign co	ountry)	12 CITI	ZEN O	F WHAT	COUNTR
	Laborer	rking life, even if retired)	I	umber Yard	l	Delmar	, De	lawar	В	υ.	S.A	•	
13. FA	THER'S NAME					14 MOTHER'S M							
	Cha	arles H. Bel	1			Mary	Jan	ne Wali	l.				
	AS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. II	NFORMANT			Add	ress			
-	es	WW I,		4-18-4525	Cli	n.Records	. Vet	s.Adm.	Hospita	L.Ft.F	lowa	rd.l	íd.
		the under-	J.	RONCHOGENI		RCINOMA V	VIVO:	MET AS	TASES		ONS		TWEEN DEATH VOWN
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART	1(a) 19	PEREC	AUTOPSY RMED?
	OO. ACCIDENT WIRE CONTRIBUTING FEITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	). (Enter noture of i	njury en F	Part I ar Part	Il of item 18.)				
MEDICAL 00	c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	While	NURY OCCURRED Not while	20e. PL/ Foo	CE OF INJURY (Ho tory, street, office b	me, farm, ildg., etc.	20f (City	or town)	(C	ounty)		(Stote)
A St	CTUAL GNATURE	HIEN WEI LAN	Ja	and that	death	accurred at.	11:05	PM, from	25, 1959 the couses of reet, city or town,	end an th	e dot	e state	ed abov
22o. B		ON, 226. DATE THEREO	F	22c. NAME OF CEM		CREMATORY		22d. LOCAT	ION (City, Iown, o	or county)		(Stot	<del></del>
~~~	NERAL DIRECTOR			ADDRESS	- C	2	4o. REC'I	D BY REGIST		STRAR'S SIG		E	
Ti	est Fune	eral Home, S	Salis	ADDRESS 130 S	Land	d St.	ATE MA		1	Thuy S.			

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

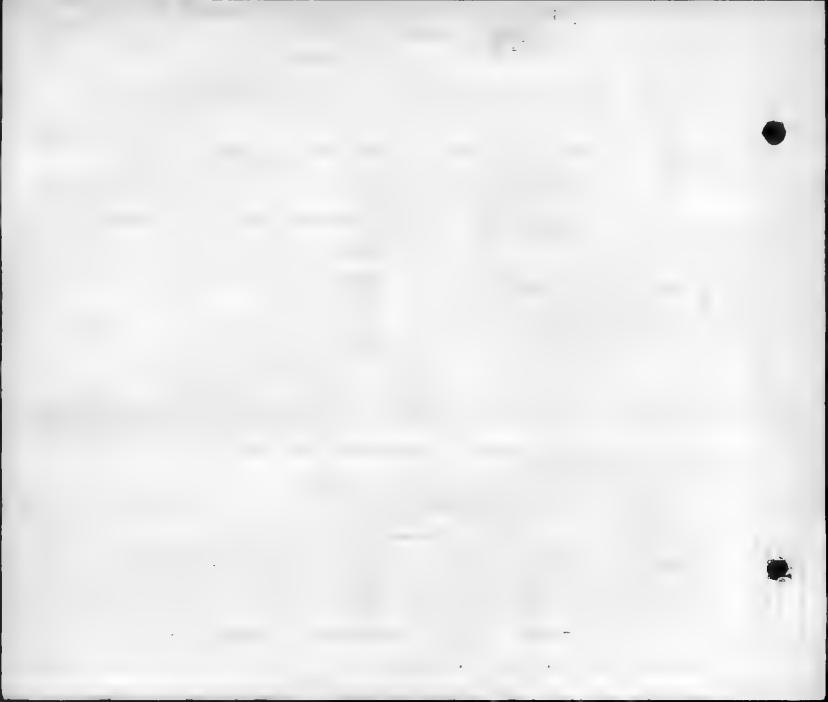
• FUNERAL DI 1008: After this certificate has been signed by the attending physician, page 3 shauld detached for use as the burial-transit permit. Then please remove confitte registrar prior to burial, cremation, or removal, and in any event within 72 haurs offer. TO HOSPITAL OR

TO FUNERAL DI page 3 should VS A15 (4) 15M 10/57



**CERTIFICATE OF DEATH** Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE IS RESIDENCE
 ON A FARM? ALMEDA YES NO X Month FEB 20 19 5 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Davi 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fereign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? MARYLAND U.S. HARRIS INTERVAL BETWEEN PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIGH 19. WAS AUTOPSY PERFORMED? YES NO 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) 2-20, 1959, that I last sow the deceased \_, and that death occurred at 225AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) 22d. LOCATION (City, town, or county) (State) Pikesville. Md 24b. REGISTRAR'S SIGNATURE William Cook, Inc., 1217 St. Paul DATE FFB 2 5 '59 Orman S. Flower Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

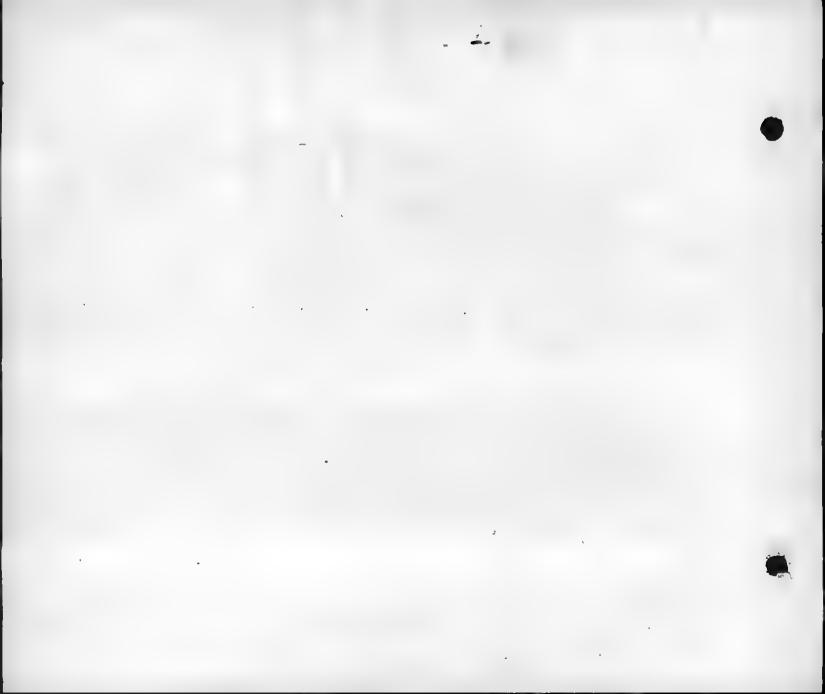
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item =4-Phone call gr. a pr. 1255-3/3/59-anb
TCTO CERTIFICATE OF DEATH

01435

	2011						Reg. C	ist. No.	
1, PLACE OF DEATH 0 COUNTY	Baltimore	MA	RYLAND	2 USUAL RESII o STATE	Mary		I. If institution: Reside b. COUNTY	ence before ac	Imission)
b. CITY OR TOWN (If our RURAL and give neares	side corporate limits, wi t town)	rite c, LENGTH OF STA	AY IN 1b	X CITY OR 1		Iside corporate li	mits, write RURAL and	give nearest	lawn)
d. NAME OF HOSPITAL ( OR INSTITUTION	t not in hospital, give st 5468 Whitle	*		former]		Masefie	eld Road #7		RES DENCE
3. NAME OF DECEASED (Type or print)	GEORGE	Mide	dle	tos BERG		4 DATE OF DEATH	Month Februar	Day	Year 19 5 9
Male	White wit		CED [	Jan. 2.	1891	10:	birthday) Months	Days Ho	INDER 24 HRS
0a. USUAL OCCUPATION (of during most of working Retired Labe	life, even it relifed]	106. KIND OF BUSINESS Young & Se				Marylar		ITIZEN OF W	HAT COUNTS
3. FATHER'S NAME				14. MOTHER'S	_	AME			
Carl Berg 5. WAS DECEASED EVER IN	III C A BIASO SORCECO	III cocial recurry	10 117 10	Elizat	eth ?				
NO THE PROPERTY OF THE PROPERT	. give war or doles of service	Yes Yes		s. Anna	C. Be	rg-5468	Whitlock I	Road #	29
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PART II. OTHER S	NDERLYING (1) 20b.	DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of	Finjury in Po	ort I or Part II af	item 19.)		□ NO E
(IF EITHER, NOTIFY MED  20c. TIME OF INJURY A  Hour a.m. p. m.	Aonth, Doy, Year 2	Od. INJURY OCCURRED  /hile Not while / work 01 wark		CE OF INJURY (I		20f. (City or to	wn)	(Соопту)	(State
21. I certify that I alive an	offended the dec	6.7 / /	at death	accurred of	10_X 7-A	M, from the	, 195 4, that I e causes and an city or town, state)		
PHYSICIAN'S CH	ristian S.	Mass, M.D.		~ 274.47 (B) data dance and					/
BUTIAL CREMATION, SEMOVAL (Specify)	3/3/59	22c. NAME OF CE Holy Re		r Cemete			ore, Maryla	_	State)
Wm. J. IL	MATURE YEL	ADDRESS	m	d		BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



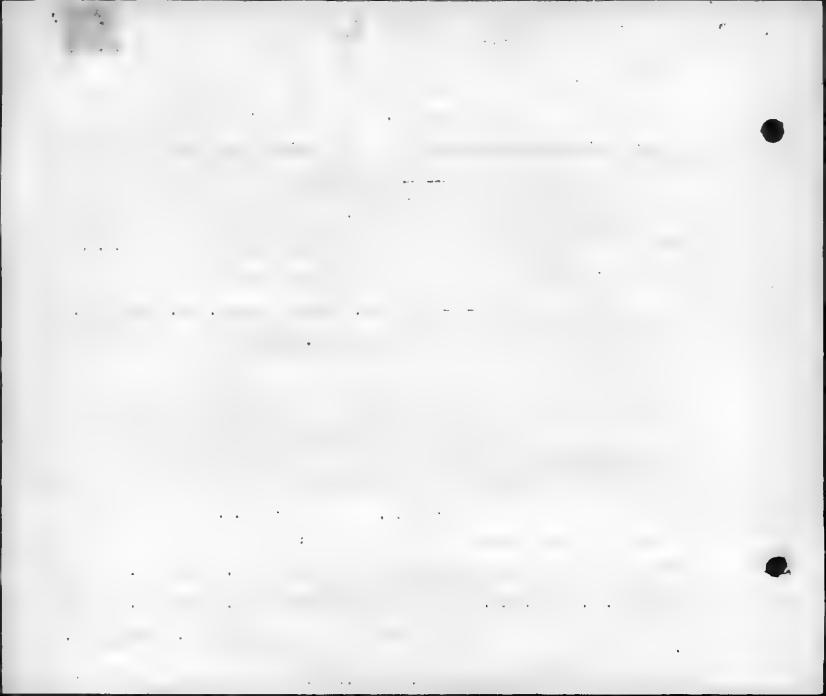
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Irems 18-21 Fill MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Reg. Dist. No. TH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) PLACE OF DEATH · COUNTY b COUNTY Baltimore Marvland Baltimore MARYLAND c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN Itt autside corporale limits, write IURAL c LENGTH OF STAY IN Th Lutherville Lutherville e IS RES TINCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) M. STREET ADDRESS ON A FARM? YES NO 104 Croftley Road 10h Croftley Road 3 NAME OF 4 DATE Middle Lost DECEASED OF DEATH MARGARET TICKNER BERNDT February (Type or print) 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years) IF UNDER TYEAR IF UNDER 24 HRS lest berthday) Months Hours Female White WIDOWED IT DIVORCED [ Jan. 17, 1903 IDa. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? oge during most of working life, even if retired) Housewife Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William E. Tickner Charlotte Bewley ε 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) Mr. W. E. Berndt - 6712 Harford Rd. NTERVAL BETWEEN TR. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b) and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Poisoning IMMEDIATE CAUSE (o) DUE TO Office Canditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying course fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES [ NO I 20a. EXTERNAL CAUSE WAS PR MARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 13 of Item 18) CAUSE OF DEATH. Auto motor running in closed garage Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or fown) (County) (State) 20c. TIME OF INJURY factory, street, office bldg , etc.) Hour Yaxay While Not while Baltimore Md. of work of work Garage 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry ... opinion death resulted from Notural couses , Accident , Suicide XI, Hamicide . Undetermined monner # O DATE SIGNED ACTUAL Guerir CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER IX **EXAMINER'S** DEPUTY MEDICAL EXAMINER Should UNER NAME (Type) 22d LOCATION (City, town, or county) 220, BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Burial Woodlawn Cem. Woodlawn. 0 24g REC'D BY REGISTRAR 23 FUNEBAL D RECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE VS. ATSME DATE EB 2 0 39 Continue L. Harris 5M 2/57



death,



B'A'		1211	IFICATE OF DEATH  Reg. Dist. No. 1499
director led with	1,	PLACE OF DEATH COUNTY Baltimore MARYL	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY
uneral Id be fi	ŀ.	b. CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest lawn)  Fort Howard  8 3/4 hr	IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Veterans Administration Hospital	d. STREET ADDRESS  2930 Clifton Park Terrace  o. IS RESIDENC ON A FARM YES \( \sqrt{NO}\)
ed in b	3.	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
Poges	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	ED 6. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Host birthday) Marsher D.
completely popers. Pop	10c	Male White WIDOWED DIVORCED  USUAL OCCUPATION (Give kind of work done during most of warking life, even if relired)  ONLY OF BUSINESS OR	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
an and carban offer de	_	Painter - Household   Contractor	Baltimore, Maryland U.S.A.
physicir remave 2 hours		George Biddison  WAS DECEASED EVER IN U. S. ARMED FORCES? IN DO. OT withnown]  If you, give word of detail of services  Yes  WW I  216-05-8017	
ine acain. The attending		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]	
requires incom n signed by isi permit. Ind in any e		Conditions, if ony, which gave rise to immediate couse (o), stating the <u>under-lying cause last.</u> (b)  DUE TO  (c)	
physici physici has bee rial-trar maval, c	ICATION	OLD MYOO	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOF PERFORMED.  CARDTAL INFARCTION 19 NO.
trending ifficate ifficate s the bu	A CERTII	(IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
rates of this certification in the certification in	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 4 Hour o. m 19 While of work 19 of work 1	20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Single of the county)
he haspil R: After ached fo burial, ci		21. I certify that Antended the deceased from February and the deceased from February and that of the deceased from February and the deceased from February	death occurred at 6:25AM, from the causes and an the date stated at
Prior to by		ACTUAL SIGNATURE AS CULTURE	ADDRESS (Street, city or town, store)  ADDRESS (Street, city or town, store)  ADDRESS (Street, city or town, store)  DATE Str.  ADDRESS (Street, city or town, store)
ALI ALI		PHYSICIAN'S NAME (Type) H. B. CURRY M.D.	VA Hospital, Ft. Howard, Md. 2/28/59
o HOSPI may be o FUNER page 3 s the regiss	_1	Burial 3-3-59 Oaklawn Co	
VS A15 (4) 15M 10/57		FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  LRICH FUNERAL HOME, 4210 Belair Rd.	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Cirthury & Hames Balto., Md.



## FOR STA HEALTH

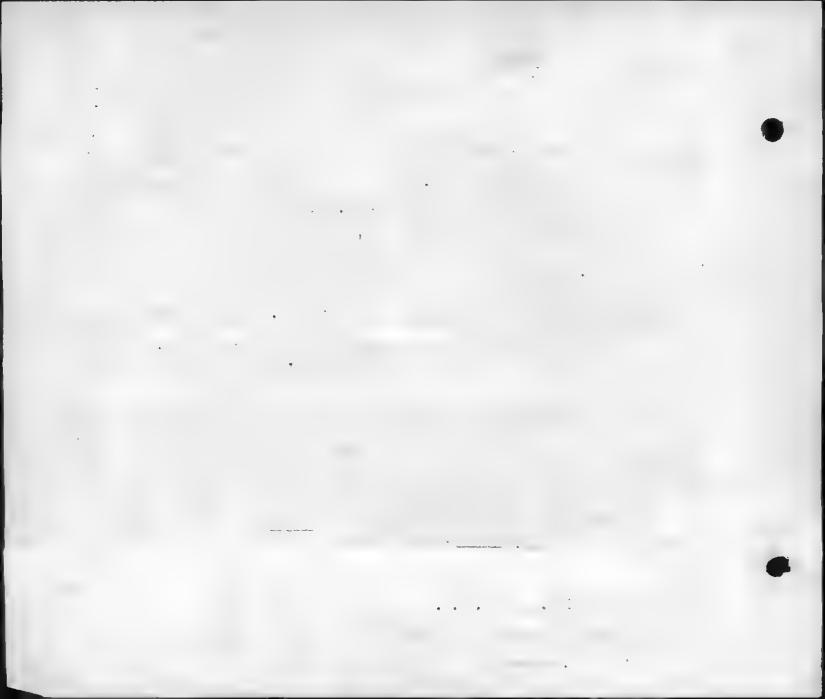
necessary, please dir ctar. Page Jour files. IER: This certificate should be executed within 24 hours after death. If any delay is rathe word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral string Medical Examiner's Office along with form PM3. Page 5 may be retained, 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B to burial, cremation, ar remayal, and in any event within 72 hums after death. orded t its designated execute the control of the standard be f 2

VS A15ME 5M 2 57

ALLES OF BEAT	_=	515		The states exception		Reg. Dist. No.
1. PLACE OF DEAT				O STATE	(Where deceased lived, if institut a	on Residence before adm ssion
	Baltimore		MARYLAND	Ma	ryla nd b. COUNTY	Baltimore
b. CITY OR TOW	N (If outside corporate Limits, with	e RUPAL C. I	LENGTH OF STAY IN TH	C. CITY OR TOWN	(If auts'de corporate limits, write RI	URAL and give nearest town)
	Baltimore			X Bal	Ltimore	*
d NAME OF HO	SPITAL OR INSTITUTION (	If not in hospital.	give street oddress)	d STREET ADDRESS		Te IS RESID
	4604 College	Avenue		1.6	Oh College Avenue	ON A FA
3, NAME OF	fin	To delitable manus	Mickila	lost	1	16
(Type or print)			-		OF	Day Year
	WILL	· ·	D.	BIRGE		
5. SEX	6. COLOR OR RACE	_			Total Control of the later of t	FUNDER TYEAR IF UNDER 2
Male	White	WIDOWED [		Jan. 15, 19		10011
10a USUAL OCCUI	ATION (Give kind of work of				ste or foreign country)	12 C TIZEN OF WHAT COL
Bu	orling the, even if retired)	Westi	l <b>nghous</b> e C	of Baltir	nore	
13. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	do
Ot	to W. Birge	el		Grace I	Thorne	
15 WAS DECEASE	EVER IN U. S. ARMED FOI	BUESS IN SOU	AL SECURITY NO. 117	NFORMANT	Address	NA AGENTY
[Yes, no, or unknown]	(If yes, give war or dates of	service)	AL SECONIFE NO 17. 1	_		
уе	s World War	r_102	219 22 472	8 Grace 1	L. Birgel, 4604	College Av
18 CAUSE OF	DEATH [Enter only one cou	rse per line for (o				INTERVAL TETVIFE I
PART I	DEATH WAS CAUSED BY	353		A 1 TT 1		ONSET AND DEATH
Conditions,	IMMEDIATE CAUSE (a)  FOR CONTROL OF THE CAUSE (b)	x Rupt	cure of Basi		age secondary to	
gave rise to in (a), stating t cause fast.	if any, which the underlying DUE TO (c).	x Rupt	cure of Basi	lar Artery.		
gave rise to in (a), stating to cause fast.	if any, which the underlying DUE TO (c).	x Rupt	cure of Basi	lar Artery.	MINALD SEASE CONDITION GIVEN	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01500



# FOR STATE HEALTH DEPT.

DEPLYY MELICAL ELANGER: This certificate should be executed within 11 hours after death. If any delay is necessary, please ecute the classification of the formal director. Page should be landed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a few landed to the Chief Medical Examiner's Office along with form PM3. Toget 5 may be retained for a point-transit permit. Flash D. M. CTOR, and the State 8 of the feath, it designated agents, prior to burial, cremation, or removal, and many event within 72 hours after death.

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	A15ME	

## MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMORE 18

ANTEMIAD ST	MIL DEFARI	WELL OL	HEALIT DA	ILLIMOKE,	10
MEDICAL	EXAMINE	R'S CERT	IFICATE O	DEATH	

01501

				Reg. Dist. No.
PLACE OF DEATH		2 USUAL RESIDENCE (V	Where decemed lived. If institut	han: Residence before admission)
8altimore	MARYLAND	o. STATE Mar	vland b county	Baltimore
CITY OR TOWN (if outside corporate limits with RURAL c. and give negrest lown)	LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside carporate limits, write	
Catonsville		Cat	onsville	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give tireet address)	d STREET ADDRESS	7,500	# 15 RES.DEN E
1600_block_Ridnay	Avenue	583	Frederick Kver	nue YES NO N
3 NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) Harvey	Truman	Bivens	DEATH Februar	ry 16 1959
5. SEX 6 COLOR OR RACE 7 MARRIED [	NEVER MARRIED ( 6	DATE OF BIRTH	9 AGE (In years lost brithday)	IF UNDER TYEAR IF UNDER 24 HPS
Male White WIDOWED	DIVORCED 🔼 N	ov 4.1910	48° yrs.	Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work dane 10b KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Linesman Bal	to Transit.	Maryla	and	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1
Percy Bivens.		Ruth St	t-17.0m	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC	TAL SECURITY NO 17. IN	FORMANT	Address	
(Yes, etc.,	107.4	1114 om F 1	Bevens.231 S	Hilton St
18 CAUSE OF DEATH [Enter only one cause per line for (	And the same of th	THY SITE TO "	TAN ATTO * SOT 'D	-11TT FOLL DO
PART ! DEATH WAS CAUSED BY:				ONSET AND DEATH
O 7 ( IMMEDIATE CAUSE (o) GI	inshot wound	of abdomen		44 4
7/6× DUE TO				
Conditions, if ony, which    b    gave rise to immediate cause				
(a), stating the underlying DUE TO				
cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVE	EN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO M
200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	W INJURY OCCURRED (En	ter nature of injury in Par	! Or Port II of item 18 )	
	IRY OCCURRED 20e. PLAC	T OF BUILDY /B (	00/ (01	APT. A A
O Hour a.m. While		E OF INJURY (Home, form ry, street, office bldg., etc.	)	(Caunty) (State)
	of work	parti		
21. I certify that I took charge of the rem	ains described abov	e, held an Autops	y 🗷, Inspection 🔝,	Inquiry [], and in my
apinion death resulted from: Natural caus	ses 🔲, Accident 🛚	, Suicide 🔼 , I	Homicide 🔲, Undeter	mined manner 🔲
1/2 1/	1			D 427 (18417)
SIGNATURE While Wood		_M.D. CHIEF MEDICAL EX		DATE SIGNED
4		ASSISTANT MEDIC	AL EXAMINER 🔼 FOD)	ruary 17, 1959
NAME (Type) William V. Lov	itt Jr., M.D.	DEPUTY MEDICAL	EXAMINER [	
22a BURIAL, CREMATION 22b. DATE THEREOF 22c	NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, lawn, a	r county) (State)
Burial Feb 20/59 M	eadow Branc	h	Carroll (	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o REC'I	D BY REGISTRAR 246 REGIS	TRAR'S SIGNATURE
Theotin 6 hingran!	3818 1. 1:	A GINE DATE		m & House



FOR STATE HEALTH DEPT.

necessary, please of a cotor. Page our files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nexecute the capacidate, writing the word "pending" in pencil in Item. 18. Give Polles 1. 2, and 3 to the funeral 4 should be I had a fine the Chief Medical Examiner's Office ofong with form PM3. Page 5 may be related TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremotion, or removal, and in any event within 22 hours after death.

2

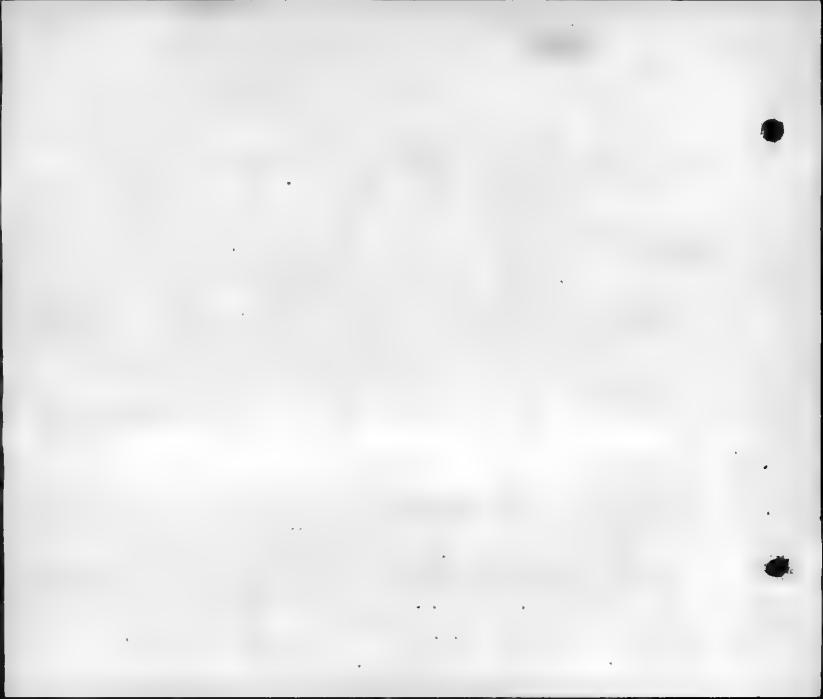
VS. A15ME 5M 2/57

17.

#### tens 18-21 Film 244-11 Film 24 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01502

		1493	Ì	tem 7 Film	1239	3-2-59 e	t		Reg.	Dist. No	· .	
1.	PLACE OF DEATH				2	USUAL RESIDENCE	(Where decea	sed lived. If instit	ution: Resi	dence be	fore odm	ission)
	o COUNTY	Baltimore		MARYLA	IND	o STATE Mar	yland	P CONNI	Y Ba	altir	nore	
	b CITY OR TOWN	At outside carporate limits, write	RURAL	C LENGTH OF STAY IN	16	c. CITY OR TOWN (	(If outside cor	porate limits, write	RURAL	nd give r	iearest fo	own)
	mo Bue uedien o	Arbutus			- 11 -	-/ Art	outus					
	d. NAME OF HOSP	ITAL OR INSTITUTION (	f na! n hos	pital, give street address)		d STREET ADDRESS	-	-				RE IDENICE
		1329 Birch	Ayenu	e		132	29 Birc	h Avenue				] NO [
3.	NAME OF DECEASED	Fire	si	Middle		Lost	4 DATE	Mont	h	Doy	,	Yeor
	(Type or print)	HAR	VEY	ROSS	BI	LACK, Jr.	DEATH	Febr	February		20 19 59	
5.	SEX	6 COLOR OR RACE	7. MARRIE	D 🔯 NEVER MARRIED [	B DAT	E OF BIRTH		9. AGE (In years host birthday)		R TYEAR		
	Male	White	WIDOWED	DIVORCED [	Ju	ne 9. 1907	7	51 yrı	Months	Days	Hours	Min
100	USUAL OCCUPAT	TION (Give kind of work ting life, eyen if retired)	done 10b K	IND OF BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (Stot	le or foreign o	country)	32. C	TIZEN C	F WHAT	COUNTRY
	70	Nyer/t	Re	ome & Rome		Hanover	. Pa.					
13	FATHER'S NAME				14.	MOTHER'S MAIDEN						
		H. Ro	ss B	lack		Emma Co	combs					
15	. WAS DECEASED !	EVER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INFOR	MANT		Address				
	Yes	World Wa		213 03 0	932	Doroth	ny H.	Black 1	1329	Bir	ch	Ave
	18. CAUSE OF DE	ATH [Enter only one cou	se per line	for (a), (b), and (c).}			¥ ~ = ".			INTE	EVAL BETWEEN AND DE	EEN
	PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Shotgun wor	und c	of head					.,	
	976	X DUE TO										
	Canditions, if											
	gove rise to imm (a), stating the											
	couse fost.	(c)										
8	PART II. O	THER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PA	ART 1(a)		AUTOPSY ORMED?
18											YES 🔼	NO 🗌
CERTIFICATION	20g. EXTERNAL C PRIMARY OF CAUSE OF DEATH	AUSE WAS 20	b. DESCRIBE	HOW INJURY OCCURRE	ED (Enter i	noture of injury in Po	ort I or Parl It	of item 18)				
	CAUSE OF DEATH	H.		Shot sel	f in	head						
MEDICAL	20c. TIME OF INI			NJURY OCCURRED 20e	PLACE OF	F INJURY (Home, for treet, office bidg., et	rm, 20% (City	y of fown)	{C	ounty)		(State)
MED	Hour o, m		White of wo	Not while	Fie	me	,		P	alti	more.	e rid
	21. I certify	that I took charge	of the r	emains described	abave,	held on Autop	sy 🗶, I	nspectran 🗍	, Inqu	iry 🗌	, ar	nd 'n my
	opinian deat	h resulted fram: 1	Natural c	ouses ]. Accide	ent 🔲.	Suicide 17.	Hamicide	. Undete	ermined	mann	er 🗔	
				- 4								
	ACTUAL	/ lussal	5	Fisher	M.S	CHIEF MEDICAL	EXAMINER 🔁	t				SIGNED
L						ASSISTANT MEDI	CAL EXAMINE	R 📑			2/23	/59
	NAME (Type)	Russell S	. Fis	her, M.D.		DEPUTY MEDICAL	L EXAMINER (	3				
22	DEMOVAL CREMAT	ION, 226 DATE THEREC		22c NAME OF CEMETER	Y OR CREA	MATORY	224 LOCA	TION (City, fown,	or county	)	(Stot	tej
	Burial	7 5/54/	59	U.S.Nati	onal		Bal	ltimore	Md			
1	FUNERAL DIRECTO		1120-	ADDRESS			C'D BY REGIST	rar 245, REG	STRAR'S S	IGNATU	RE	
	Howard 1	H. Hubbard	410	7 Wilkens	Ave.	DATE	EP 25'5	9 -	wa n	a sof	A	



Rea Dist No.

		11.1					•		Reg. Dist	t. No.	
1. PLACE OF DEATH o. COUNTY					2. USUAL RESH	DENCE (Wh	ere decease	ed lived. If institut		e before odi	nission)
Ba	altimore		MAR	/LAND	O. SIAIE	Md.		b COUNTY	Balt	0.	
b CITY OR TOWN RURAL and give	(If outside corporate I	imits, write	c. LENGTH OF STAY	IN 16	c CITY OR 1	OWN (If o	ulside corp	orote limits, write f			own)
	tonsville	2			52 Cat	consv	ille				
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospita	, give street or	ddress)		d. STREET A						RESIDENCE
		rsing	Home		16 H	lmeh	urst	Ave.			A FARM?
3. NAME OF DECEASED		First	Middle	?	los		4. DATE	Mar	ath	Day	Yeor
(Type or print)	Margare	et N.	Вс	hana	an		OF DEATH	Feb.	1.10	5.0	19
5. SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRI	ED 🔲 [	B. DATE OF BIRTI	Н	-	9. AGE (In years	IF UNDER I		NDER 24 HR
F	7 a.7	WIDOWED	DIVORCE	D 🔲	Dec. 8.	1890	1	lost birthday)	Months [	Doys Hou	irs Min.
100. USUAL OCCUPAT	ION (Give kind of wo	rk done 10b K	IND OF BUSINESS C				or foreign o	country)	12. CITIZ	ZEN OF WH	IAT COUNTI
Housek		eal	Home			TIT.					
3. FATHER'S NAME			W. D. Co. Lane		14. MOTHER'S	MAIDEN N	IAME		_1		
W:	illiam Ni	chols	on		En	ıma K	lebe	r			
S. WAS DECEASED EV	ER IN U. S. ARMED P	ORCES? 16. SC		). 17, IN	IFORMANT			Add	ress		
(Yes, no or unknown)	It yes, give wor or dates	of service)	ern 1999	Re	v11t	ממנונ	Bolis	nan la	Holme	יווים י	t Ave
18. CAUSE OF DE	ATH [Enter only one	couse per lyle	for (o), (b), and (d),		A.	2002 11	2011	1	110 11.110		BETWEEN
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH											
110 X	DUE CAUSE			0			vese,			67	200
Conditions, if		al'	A.0	13		1	e-1			12	41
gove rise to	immediate	(b)		10-		/					12-2
Couse (o), sloting the under   DUE TO											
PART II. O		71.00.110.10	777.00011110 10 021		TOT RECRIED TO	HIL LEKNIN	INAL DIJEAS	E CONDITION GIV	EN IN FARI	PER	RFORMED?
20g ACCIDENT W	AS UNDERLYING	20b. DESCE	RIBE HOW INJURY O	CCUPPED	(Enter polyce o	inium in P	Port Los Por	t II of item 18 t		YES	□ NO □
OR CONTRIBUTIN	G CAUSE OF DEAT Y MEDICAL EXAMINES	Н			fruite indiote of	injory in r	011101101	i ii or nem ib.;			
	RY Month, Day.		URY OCCURRED	20a BLA	CE OF INJURY (I	dama form	East rein				
Hour o.m.		While	Not while	foci	ory, street, office	bldg., etc	, τ 20τ. (Ciη } [	or town)	(Co	ounty)	(State
		DI WOTE		J	75		1		-24		
	hat I attended th	ne deceased		-24	), 19 <u></u> 55	, ta	2.		Zithat I la		
alive an	74-1-3	4, 19	, and that	death	accurred al.			n the causes o		e date st	ated aba
ACTUAL (	4	151	0		n		ADDRESS (S	treet, city or town,	stote)	,	DATE SIGN
SIGNATURE	less of	140-	USRY	N	10 1	clo	ルし	rlle_	28		2-4
PHYSICIAN'S			/								
NAME (Type)											
PROVAL (Specify	ON, 22b. DATE THER	EOF	22c. NAME OF CEM	ETERY OR	CREMATORY		22d LOCA	TION (City, town,	or county)	(\$	lote)
Burial	2-5-59			Par	ck Cem.			olto. M	d.		
3 FUNERAL DIRECTO			ADDRESS			240. REC'E	BY REGIS		STRAR'S SIGN	12 min	
Farley I	Tuneral H	Iome C	tonsvil	le !	d.	DATE	FR 3	29	N 24 B	I. Frank	

inneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIT TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DI page 3 shauld be VS A15 (4) 15M 10/57

4



FOR STAT HEALTH DE

CAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessary, please face, writing the word "pending" in penal in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page Parded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from Files. ECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State by 5 office did agent, prior to burial, cremation, or removal, and in any event with 22 hours after death. designat

TO DEPUTY MEDIC	execute the rank	4 should be	TO FUNERAL DIN	the state of the state of
VS.	. А И 2			

	MA	RYLANI	D STATE DEPA	RTME	NT OF HEALT	H-BALTIMORE	, 18 01504
		MEDIC	CAL EXAMIN	VER'S	CERTIFICAT	TE OF DEATH	01504
DIACE OF D	PAYL	1518	Items 8.9 Fi	llmG2	y "V artifician" or me . "Would's		Reg. Dist. No.
o COUNTY	Balti	more	MAI	EYLAND	o. STATE Mary		utution Residence before admission) NTY Baltimore
and give he	OWN (1 outside corporate la corest town) gate	mits write RURAL	c LENGTH OF STAT	YINTE	c. CITY OR TOWN (III	·	te RURAL and give recrest town)
		ItON (If not ii	n haspital, give street addr	ess}	# STREET ADDRESS	·	. IS RESIDEN
	23 Annadale				3823 I	nnadal-Road	ON A FARM YES NO
3. NAME OF DECEASED (Type or prin	JO	SEPH	H. BOLLACK		LosI	4 DATE Mo OF DEATH	nth Doy Yeor February 27, 19 59
5. SEX			ARRIED NEVER MARRI			9 AGE (In years fast b rthday)	IFUNDER TYEAR IF UNDER 24 HE
Male	White		DIVORCED DIVORCED		Jan 21, 1996	1905 5354	
	if working life, even if r		School	R INDUSTR	Marylar		12. CITIZEN OF WHAT COUNTI
13 FATHER'S NAME			14. MOTHER'S MAIDEN I		0.000.00		
	John Bollac	k			Mary F. S.	Lipper	
15. WAS DECE	ASED EVER IN U. S. ARA		16 SOCIAL SECURITY NO	17. IN	FORMANT	Addre	nės
No.	in yes, give wer or	dates of service)		Jos	seph Bollack	8626 Wise Ave	3.
FARI	I. DEATH WAS CAUSE IMMEDIATE CA	USE (e)	Lupe for (0), (b), and (c).]	<del>/</del>	Occhus,	101	INTERVAL BETWEEN ONSET AND OFATH
44.000		UE TO	′				
	s, if any, which to immediate couse	(b)					
(o), statin-	ine oncertains	UE TO					
_		(c)	NS CONTRIBUTING TO DEA	TH'BUT N	OT RELATED TO SHE TERM	INALDISEASE CONDITION C	DIVEN IN PART 1(0) 19. WAS AUTOPS
OTA .				-	)		PERFORMED?
200. EXTERI PRIMARY CAUSE OF	NAL CAUSE WAS ] or CONTRIBUTING [] DEATH.	20b. DES	CRIBE HOW INJURY OCC	URRED JE	nter hature of juliury in Par	t I or Fart II of item 18)	
20c. TIME O		,	While Not while	206 PLAC	E OF INJURY (Home, farm sy, street, affice bldg, etc	20f. (City or town)	(County) (State
				ed obox	e held on Autons	y , Inspection	Inquiry and in m
			ral causes 17, Acc	-	_		termined manner
	ma	}_					
ACTUAL	ACTUAL SIGNATURE OF TOTAL AND CHIEF MEDICAL EXAMINER () DATE SIGNED						
	44		his Mi		ASSISTANT MEDIC		211/14
EXAMINET NAME (Ty)		DA	012 111 1		DEPUTY MEDICAL	EXAMINER [2]	/ /.
NAME (Ty	REMATION, 226, DATE	THEREOF	72c NAME OF CEME		CREMATORY	22d LOCATION (City, fowr	i, or county) (State)
NAME (Ty	REMATION, 226, DATE	THEREOF	Oak La		CREMATORY		n, or county) (State)
220. BURIAL CI REMOVAL BURAAL	REMATION, 226, DATE	ter a			crematory metery	Colgate Md.  D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE



### CERTIFICATE OF DEATH 1519 director. executed within 24 hours ofter death. Page 4 1, PLACE OF DEATH o. COUNTY BALTIMOR ould be fitted MARYLAI funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN RURAL and give nearest town) COCKEYSUILLE d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION £ HOME ASONIC NAME OF Middle GEORGIA completely filled (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED [ popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II deoth. during most of working life, even if retired) NONE 13. FATHER'S NAME THOMAS BOND 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO NOVE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCI MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED Hour o, m Not while of work of work 21. I certify that I attended the deceased from ACTUAL SIGNATURE TO FUNERAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, BURIAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETE 2-23-59 West Nott: ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

William Cook, Inc., 1217 St. Paul Street

VS A15 (4) 15M 9/55

01505

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CAIL OF BLATTI		R	eg. Dist. No	).
2. USUAL RESIDENCE (Wha	re deceased li		Residence before	ore admission)
MARYLA	NO	b. COUNTY	CEC	3//
1b c. CITY OR TOWN (If ou		e limits, write RURA		
PORT	- Di	= Posi	_	•
d. STREET ADDRESS				IS RESIDENCE     ON A FARM?     YES    NO     NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO     NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO     NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO     NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO     NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO     NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO    NO
Lost	4. DATE	16		
BOND	OF DEATH	Month FE G	_	oy Yeor 10 19 57
8. DATE OF BIRTH				0 19 5 7
12-26-18	73		onths Days	Hours Min.
NDUSTRY 11. BIRTHPLACE (State of	r foreign coun	itry)	12. CITIZEN	OF WHAT COUNTRY?
PORT D	EPUSIF	- MD		U.S
14 MOTHER'S MAIDEN NA	AME			
MARTH	AU	IRGINI	AA	NDERSON
7 INFORMANT	1	Address	-	-11
Frank L.	huit	X 4 C	oche	ysvelle
	^			ERVAL BETWEEN
Clerate (	are	li	Oil	SLI AND DEATH
lan dis	Qa.	<u> </u>		4 years
				1
BUT NOT RELATED TO THE TERMIN	IAL DISEASE C	ONDITION GIVEN	IN PART I(o)	19. WAS AUTOPSY
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFORMED?
JRRED (Enter nature of injury in Po	ort I or Port II	of item 18 )		TEL NO L
PLACE OF INJURY (Home, form,	20f (City of	town)	(County	) (Slote)
foctory, street, office bldg., etc.)				
29 1047 h	2-2	0 1055	hat I last s	saw the deceased
eath occurred at 10°56	14 fam.	The server and	100 F 103 S	aw me deceased
		rie couses and ri, city or town, stol		.DATE SIGNED
MD. Coche		O. Was	/	2/20/50
M D.	Just		Z	-11-2-7
RY OR CREMATORY	22d LOCATIO	N (City, town, or c	ounly)	(5tote)
ngham Cemetery		cil Cour		,

Cilling & Tiraces

DATEER 2 5 '59





01507

(Stole)

**CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o STATE b. COUNTY zalki nore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Rural Pikesville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Reisterstown YES NO 4. DATE Month DEATH 10 Dowersox.Sr B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A. Marvland 4. MOTHER'S MAIDEN NAME Alberta Eckenrode Laurence IS. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address T 4 100 get 4 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if ony, which ] gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS) PERFORMED? NO YES NO THE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or Jown) (County) (Stole) foctory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. .. 1959, that Clast saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 10:45 f M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) BATTLEST.

mapuram

Ridge Cemetery

22d LOCATION (City, town, or county)

24b REGISTRAR'S SIGNATURE

Pikesvill

24a. REC'D BY REGISTRAR

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS A

poge 0 VS. A1III (4) 15M 10/57 PHYSICIAN'S

NAME (Type) 220 BURIAL, CREMATION.

Jirial

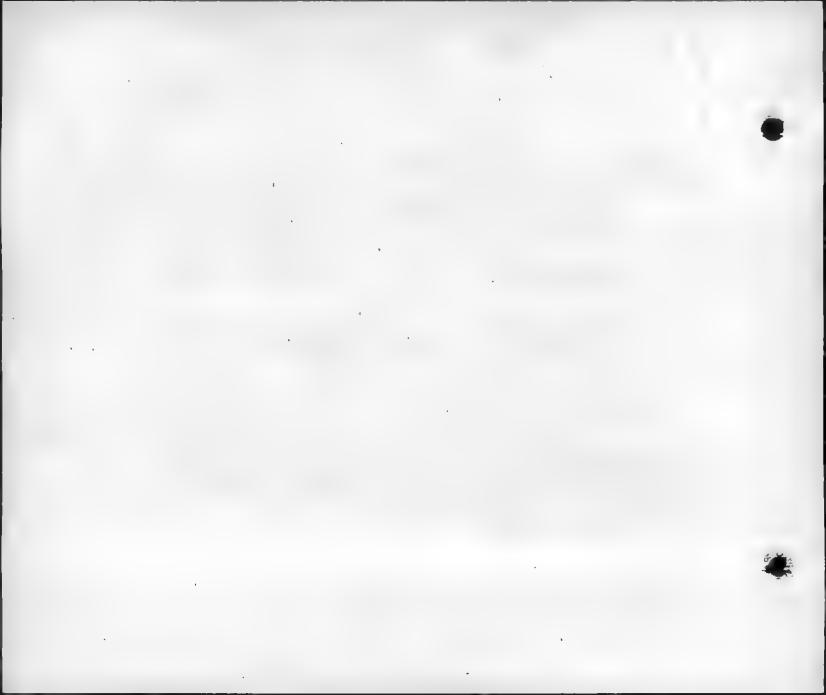
REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

LICOYG

1050

226 DATE THEREON



unerol director, d be filed with

ATTENDING INVOICENT: The law requires that the death cartificate bit executed within 21 haurs after death. Tage I

O FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should the detached far use as the buriot-transit permit. Then please remove carban papers. Pages 1 and 2 the registror prior to burial, cremation, or removal, and in any event within 72 hours after defin.

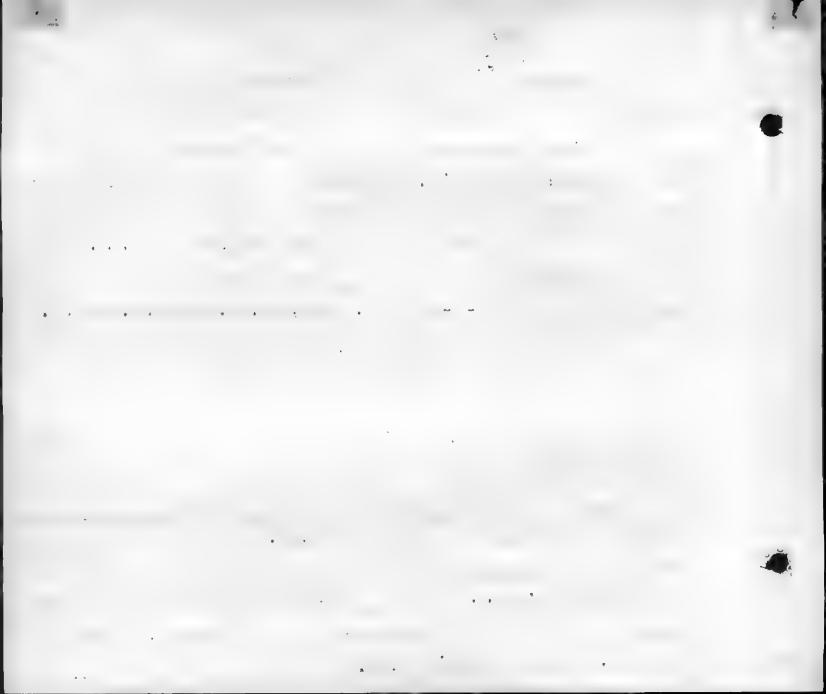
TO FUNERAL DIR TO MOUNTAL OR

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1521 **CERTIFICATE OF DEATH**

01508

								40.
1. PLACE OF DEATH o. COUNTY Baltim	ore	MARYLA	11 0	SUAL RESIDENCE (Wh. STATE	_	lived. If institut b. COUNTY		efare adm ssipn)
b. CITY OR TOWN (If outside corporate		c. LENGTH OF STAY IN	16 0	CITY OR TOWN (If a		ote limits, write	RIJRAL and nive i	negrest town)
RURAL and give nearest town)		1 Day		-		2	V 1	2.9
d. NAME OF HOSPITAL (If not in haspit	Inl. cure street			Balti STREET ADDRESS	MOLA		1 .	10 DECEMBER
OR INSTITUTION								e. IS RESIDENCE ON A FARM?
Veterans Adminis:	tration	Hospital	i	1805 Cli	fton A	venue		YES NO
3. NAME OF DECEASED HOW (Type or print) Served As:	W	W. Middle	BRAI	SON	4. DATE OF DEATH	FEBRU		Day Year 19 <b>59</b>
S. SEX 16. COLOR OR RA		RIED INEVER MARRIED	☐ 8 DA	TE OF BIRTH	4	AGE (In years		AR IF UNDER 24 HRS
Male Colored	WIDOW	ED T DIVORCED	- I	1/20/92		last birthday)	Months Day	s Hours Min
Too. USUAL OCCUPATION (Give kind of w			— ;	7 7 -	or foreign cou		12 CITIZEN	OF WHAT COUNTRY
during most of working life, even if re Barber	fired)	Berbering		Baltimore			U.S.	
13. FATHER'S NAME		11.11.11.11.11.11.11.11.11.11.11.11.11.	14.	MOTHER'S MAIDEN N				
Lindsley Bran	ason			Eliza	Thomas			
IS WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO	17 INFOR			Ado	Iress	
Yes, no. or unknown) Yes WH I	a of service)	19-32-3486	Clin.	Records Ve	ts.Adm	Hospit	al Ft. Ho	ward.Md.
18. CAUSE OF DEATH (Enter only or							th	STERVAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAUSED	BY. PNE	UMONIA, BOTI	H UPPE	R LOBES AN	D LEFT	LOWER :	LOBE	NSET AND DEATH
XXO	EXX WITT	H MULTIPLE						WEEKS
Canditions, if any, which )					,			
gave rise to immediate	(p)							
couse (a), storing the ungar-	E TO							
lying cause last.	(c)							
Par II OTHER SIGNIFICANT OF Arteriosclero disease with dec	tic Hea ompensa	CONTRIBUTING TO DEATH APT DISCUSSE. Ation.	2. Hy	pertensive	Cardio	condition of	VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	20b. DES	CRIBE HOW INJURY OCC	URRED. (Ent	er nature of injury in P	art I or Port	i of item 18.)		
		THIRD OCCUPANT 190		P. 8. 4 14 18 17 14 1				
20c TIME OF INJURY Month, Day, Hour a.m.	White	NJURY OCCURRED 20 Nat while k at work	factory,	F INJURY (Home, form, treet, affice bldg., etc.)	20f [City o	or town}	(Count	y} (State)
			mr 22	.FO Fab		22 . 5		
21 1 40 45 4 4 1 4 4	the decease							
21. I certify that attended								
21. I certify that offended		coope and that d	eath occ					late stated above
ACTUAL ACTUAL		cond that d	eath occ			the couses of the city or town,		late stated above DATE SIGNE
ACTUAL SIGNATURE VILLE W		SCOOK and that d	eath occi					
ACTUAL CONTRACTOR	i Jan	J	M.b.		ADDRESS (Stre		state)	
ACTUAL SIGNATURE LILL W	IAN, M	D.	M.b.	VAH, FORT	HOWAR	D. MARY	LAND or county)	2/24/59
PHYSICIAN'S CHIEN WEI  20. BURIAL CREMATION, 22b. DATE TH	LAN, M	.D.	M.D.	VAH, FORT	HOWAR	D. MARY	state)	2/24/59 (State)



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1522 CERTIFICATE OF DEATH

01509

1	<u></u>	at 4.29 (3		Reg. Dist. No.					
/	1,	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESI	DENCE (Where decea	sed fived. If institution b. COUNTY	Residence before		
		b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	11 /	TOWN (If outside car	parate limits, write RUI	AL and give near	est town)	
1	-	Rural: Towson  d Name of Hospital (if not in hospital, give street or institution Eudowood Sanato Towson L. Mary)	orium	d. STREET A	, , , , , , , , , , , , , , , , , , , ,	dge Rd	0 1) d	IS RESIDENCE ON A FARM? YES NO PA	
	3.	NAME OF DECEASED (Type or print) Dr. V. 1/1, G. Y	Middle  Arthur	Bri	4. DATE OF DEAT	4	Day 2.3	Yeor	
	5.	Male white widowe	DIVORCED DIVORCED	8 DATE OF BIRTI	8, 1880	9. AGE (In years	Months Doys		
		during most of working life, even Lifeting!	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPL	rih Caro	lina lina	12. CITIZEN OF	WHAT COUNTRY?	
	13.	ASbury n. Brio	lges	14 MOTHER'S	ah Ho	20011			
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 15. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 16. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	SOCIAL SECURITY NO 17			History Address		2379	
								VAL BETWEEN	
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	setsal e	Aster Di Sis	1/3/7	Piseas Halaki	5 S	11 + 72 Clb	
0   E								WAS AUTOPSY PERFORMED? YES NO P	
	L CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture o	injury in Port I or Po	ort II of item 18.]			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. 19 of work	Nat while	ACE OF INJURY (I ctary, street, office	lome, form, bldg., etc.)	ty or lown]	(County)	(Stole)	
		21. I certify that I attended the decease alive an 1999  ACTUAL SIGNATURE DEVIATED (1)	A., and that death		ADDRESS (	om the causes and Street, city or town, slo atorium —	d an the date ole)	the deceased stated above.  DATE SIGNED  Md.	
1		PHYSICIAN'S NAME (Type)				<u> </u>			
		Burial Cremation, 226. Date Thereof REMOVAL (Specify) Burial Feb. 26m 1959	22c NAME OF CEMETERY OF Baltimore Na			timore, Mar		(Stote)	
	23.	FUNERAL DIRECTOR'S SIGNATURE  John Burns! Sons, Tows	on, Maryland		240. REC'D BY REGIS	STRAR 246. REGISTR	AR'S SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

• FUNERAL DIX FOR After this certificate has been signed by the attending physician and campletely filled in by page 3 should the detached for use as the burial-transit permit. Then please temave carbon papers. Pages 1 and 2 the registrar priat to burial, cremation, ar remayal, and in any empty within 72 haurs after death. TO FUNERAL DIN VS A15 (4) 15M 10/57



01510

1523

CERTIFICATE OF DEATH

	-{1	T	O	Ţ

	_	2000		keg. Uist, tvo.						
		PLACE OF DEATH	MARYLAND	2 USUAL RESIDENCE (W. o. STATE	here deceased lived. If ins		fore admission)			
	1	b. CITY OR TOWN (If outside corporate I m'ts, write BURAL and axe nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wr	ite RURAL and give r	earest fawn)			
	-	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d STREET ADDRESS	interre		e. IS RESIDENCE ON A FARM? YES NO			
	- 1	NAME OF PICTURE (Type or print)	Middle /	STOWN	4. DATE OF DEATH	Month .	Day Year			
4	5 5	SEX 6. COLOR OR RACE 7 MARR WIDOWE	IED NEVER MARRIED DIVORCED	B DATE OF BIRTH	9 AGE (In y. lost b rthd		AR IF UNDER 24 HRS Hours Min.			
100 JSCAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT  13 A 13										
	13.	FATHER'S NAME	hit	14. MOTHER'S MAIDEN	NAME					
0	)57 // en	WAS DECEASED EVER IN A S. ARMED FORCES? 16 no. or unknown! (If \$40, give wor or doller of service)	SOCIAL SECURITY NO	NFORMANT TOWNS	- Bria	Address				
			e for (a), (b), and (c) ]	ang		IN	ITERVAL BETWEEN NSET AND DEATH 3 men the			
		Conditions, if ony, which gove rise to immediate cause (a), stating the under.   DUE TO     lying couse lost.   (c)								
0	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL D SEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO.			
		206 ACCIDENT WAS UNDERLYING TO DESCRIPTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of in ary in	Part I or Part II of item 18	)				
	MEDICAL	Haur a.m. While		ACE OF INJURY (Hame, form ctory, street, office bldg., etc		(Count	y) (State)			
		21. I certify that I attended the deceased from Oct								
1		PHYSICIAN'S LOO & GAVOR M.	D.	MD. I MAILSHI	fill Ave.,Ba	LT1ROPO,MO	4/6/55			
	220	BURTA, CREMATION 226. DATE THEREOF	220 NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, to	wn or county)	> (Stote)			
2	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 22	24a. REC DATE FE		REGISTRAR'S SIGNAT				

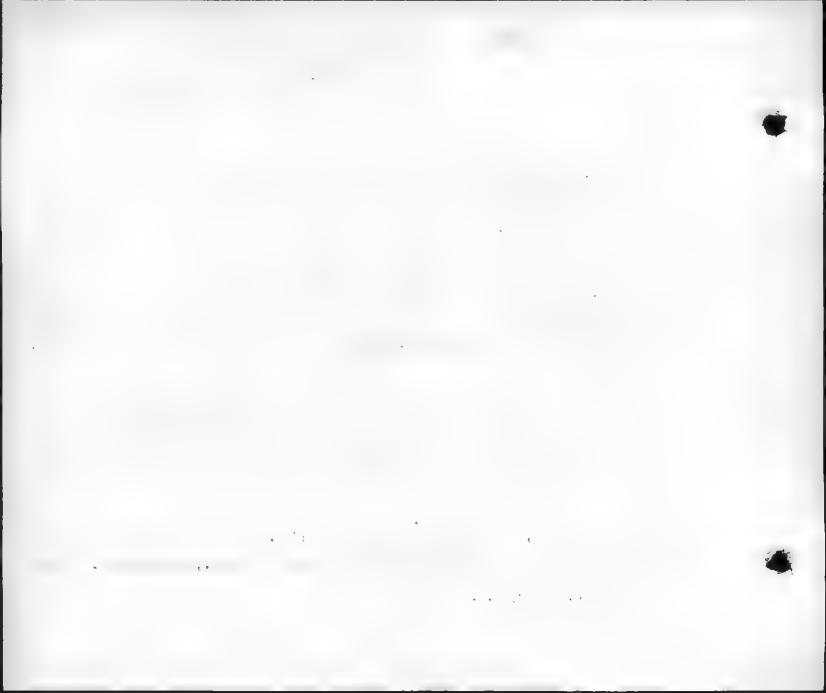
TE HOSBITAL OR ATTENDE ENVICENN: The law requires that the death certificate be executed within 24 haurs after death. Bage 4 may be retained the haspital or attending physician.

TO FUNERAL DIR CTOR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

W

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VS A1S (4) 15M 9/58



hours

certificate

death

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HOSPITAL



1 _//		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01512				
should be cremotion,		1595	Reg. Dist. No.				
should a should cremotic	1.	PLACE OF DEATH  a. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institute of the county of the coun	· · · · · · · · · · · · · · · · · · ·				
Poge I		b. CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest lown)				
2 3 1		FORT IL STARD, MATYLAND 225 DAYS BALTITOTE ?	7 - 5 2				
\$ 1. 1. S		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE				
To a		TETETA S AD. TSTULTON OSP. AL 6642 Holabird Avenue	ON A FARM? YES NO 1				
our fi stror	3.	NAME OF First Middle Last 4. DATE Month OF	h Day Year				
6 × 00	П	(Type or print) GEORGE W. BUNCH DEATH Februa	ary 1 1959				
e for a	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years)	IF UNDER TYEAR IF UNDER 24 HRS				
とって		Ifale White WIDOWED DIVORCED October 10. 1880 78 yrs.	Months Days Hours Min.				
etair 2 wit	10	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY				
be a		Forenan Crown Cork & Seal Rochester, Kentucky	U.S.A.				
1, 2, 1 of the state of the sta	13	I. FATHER'S NAME					
E SE SE		Milliam C. Bunch Emily Barbery					
Ba & /	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT					
200		II., no, or unknown) { (If yes, give war or dates of service)	777				
Sign of the second seco	=		INTERVAL BETWEEN				
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	ONSET AND DEATH				
E E &		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) FRACTU'E O. DIVIT HIP	25 PAYS				
ith fe onsit	4	902.7 WHA	0 704.770				
0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Conditions, if any, which (b) TERLATIVAL IN CHOPMEUTOMA	2 DAYS				
ofong burio	(o), stating the underlying course tout.						
.e e e. : := 8	Ιz	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM: NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY				
EQ A	) ĕ	·	YES NO A				
end C. S.	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)	16				
- E - S	ERT	20a. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)					
Day of Day		2 0 11 12 011 1 000 11 1 1100 111 1100	1012				
# E E E	MEDICAL	How o.m. 1/Dox 7 59 While Not while foctory, street, affice bidg., etc.)  1 1/Dox 7 59 While Not while foctory, street, affice bidg., etc.)  1 1/Dox 7 59 While Not work 1 at wo	(Caunty) (State)				
후 ig ig	A	6.30 prim. 1/Dex 7 59 While Not while of work 1 Hospital Ft. Howard.	Raltimore (ary)				
Pog Regional		21. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ],	, Inquiry , and find the				
¥ri R:		death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined of	cause .				
C10							
E 4		ACTUAL CHIEF MEDICAL EXAMINER []	DATE SIGNED				
		ASSISTANT MEDICAL EXAMINER					
ovo *		EXAMINER'S AGENTIAN DESIGNATION OF THE PROPERTY OF THE PROPERT	2/1/59				
forworded or removal.	200		-1 -1 -1				
300	22	REMOVAL (Specify)	ar county) (State)				
7		Burial 2-4-59  Baltimore National Baltimore Funeral Director's SIGNATURE  ADDRESS  A	- rid				
. A15ME(5)	23.	FFR 5 '59	STRAR'S SIGNATURE				
5M 9/55		Ullrich Funeral Home, 2112 Dundalk Ave. DATE FEB 5 '59	" + Cour				
		Baltimore 22. wl					



HOSPITAL



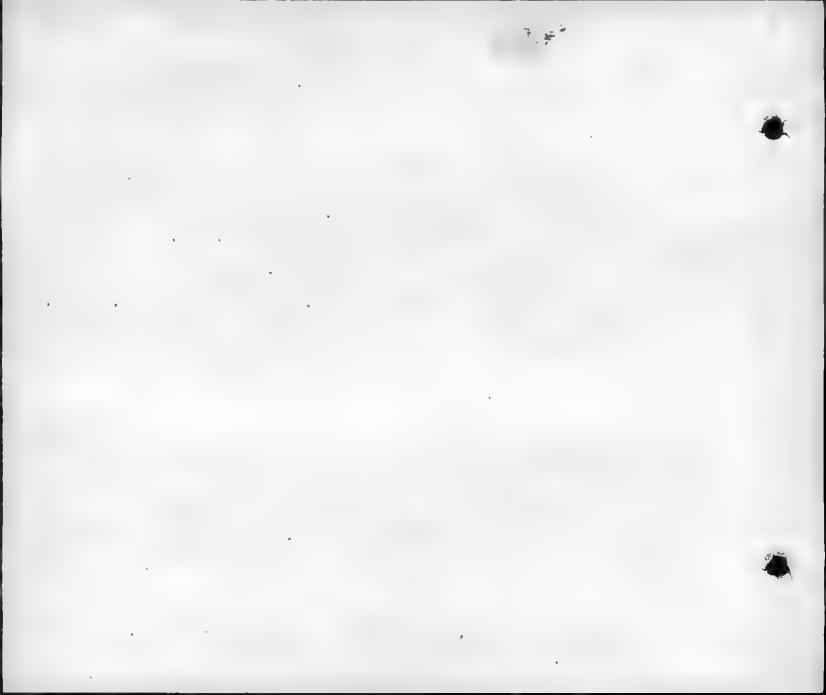
VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01515

,		1495	CERTIFICA	ATE OF DEATH	4	Ban Dist	TOTA			
	-	PLACE OF DEATH		2 HELIAL DECIDENCE (MA		Reg. Dist				
)	L.	Baltimore	MARYLAND	o. STATE	iere deceased lived.	Baltim	ore			
/		CITY OR TOWN (If outside corporate limits, write RURAL on THE CHIOP DE	LENGTH OF STAY IN 16	Haletho	sutside corporate lin	nits, write RURAL and ge	ve nearest town)			
)		d. NAME OF HOSPITAL (If not in hospital, give street ode or institution 1825 Park Ave	dress)	d. STREET ADDRESS P	ark Ave		e. IS RESIDENCE ON A FARM? YES NO			
		NAME OF DECEASED ANNA MAE BUSH	Middle	Lost	4 DATE OF DEATH	+ "2"/16/5	9 <sup>Doy Year</sup>			
	5 :	FEMale White Widowed	20	8. DATE OF BIRTH Sept.16,19	lost	1, 3, 3, 3, 3, 3	YEAR IF UNDER 24 HRS Oys Hours Min			
1	100	USUAL OCCUPATION (G ve kind of work done during most of working the pure if retired)	Home	St Marys			EN OF WHAT COUNTRY?			
)	William R. Russell Laura M. Shorter									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If you give wor or dote of service) 212 05 2541 Irbin G. Bush, 1825 Park Ave. Balto.27									
				time by t	umor		INTERVAL BETWEEN ONSET AND DEATH  MONTH			
		193.2 DUE TO Conditions, if ony, which gove cise to immediate	urrent Ly	lt fruito	- parieta	L	15 MONTHS			
	7	couse (o), stoting the under- lying couse lost.	rasaggital	meningeal		inna				
)	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CON	DITION GIVEN IN PART	1(b) 19 WAS AUTOPSY PERFORMED? YES NO X			
		20g ACCIDENT WAS UNDERLYING   20b. DESCRI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter nature of injury in i	Port I or Part II of	item 18.)				
	MEDICAL	Hour o, m, While _	IRY OCCURRED 20e PL/ Not while fac of work	ACE OF INJURY (Home, form tory, street, office bldg., etc	20f (City or tov	rn) (Co	unty) (State)			
		21. I certify that lattended the deceased alive on Fig. 1955	3	19,5 %, to F	eb 16	., 19.5 2, that I la	ist saw the deceased			
	alive on Feb 13, 1959, and that death occurred at 10.15M, from the causes and an the date state actual of the feb 15 Calaban MD 4201 WILKENS AVENUE 55GNATURE									
1		PHYSICIAN'S NAME (Type)		BALT	MORE	29, MA	RTLAND.			
	220	REMOVAL (Specify) Burial 2/20/59	U.S.Nation			City, town, or county)	(Stote)			
	23.	FUNERAL DIRECTOR'S SIGNATURE HOWARD H. Hubbard	ADDRESS 4107 Wilke	24a, REC.	D BY REGISTRAR	246 REGISTRAR'S SIGN	MTUREA			



01516

1041	CERTIFICATE	OF DEATH	Re	eg. Dist. No.
1. PLACE OF DEATH Baltimore	MARYLAND C	STATE Mary 10	deceased lived. If institution is b. COUNTY	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN All outs	ide corporate limits, write RURA	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddresor INSTITUTION BOX 384 Crcs	77 / 11 17	BOX 384	Cross Rd.	e. IS RESIDENCE ON A FABM? YES NO
3 NAME OF First PECEASED (Type or print)	Middle	Butt 4	OF Month	Doy Year
Male White WIDOWED	DIVORCED	TE OF BIRTH	lost birthday) Mc	UNDER 1 YEAR IF UNDER 24 HRS.  Onths Days Haurs Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Ra / 7	fareign country)	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME GEORGE H. RI	111	MOTHER'S MAIDEN HAM	arpt Sei	11
(Yes, no or unknown) (If yes, give wor or dates of service)	AL SECURITY NO 17. INFOR	MANT /	Box 384 Cr	oss Rdi
18. CAUSE OF DEATH [Enter only one couse per I'ne for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(0), (b), graft() ]	efineun	unia.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate	rleusur (2	urkiera	seulas De	cease 14.
couse (o), stoting the under- lying couse lost. (c)	ittidece	emperis.	elion	/
Pam II. OTHER SIGNIFICANT CONDITIONS CONTR			L DISEASE CONDITION GIVEN I	IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED. (End	ter noture of injury in Port	l or Part II of item 18.)	
	OCCURRED 20e. PLACE O	OF INJURY (Home, form, street, office bldg, etc.)	20f. (City or town)	(County) (State)
21. 1 certify that 1 attended the deceased fr		, 195 0, to 2/		at I last saw the decease
GIGHNUM HOLD F. HILL	Lion Ma		ODESS (Street, city or town, state	on the date stated abave DATE SIGNE
PHYSICIAN'S Clifford F.	Hudso	W	Fork	Md
220. BURIAL CREMATION, 22b. DATE THEREOF 22c.  REMOVAL (Specify)  12 - 10 - 1959	ST. Joseph's	MATORY 22	d LOCATION (City, town, or co	Ito, Co, Md
23. FUNERAL DIRECTOR'S SIGNATURE askapp Funeral Home 74	Ol Relan Re	240. REC'D B	Y REGISTRAR 246. REGISTRA	R'S SIGNATURE

oneral director, and be filed with

Ihe hospitol ar attending physicion.

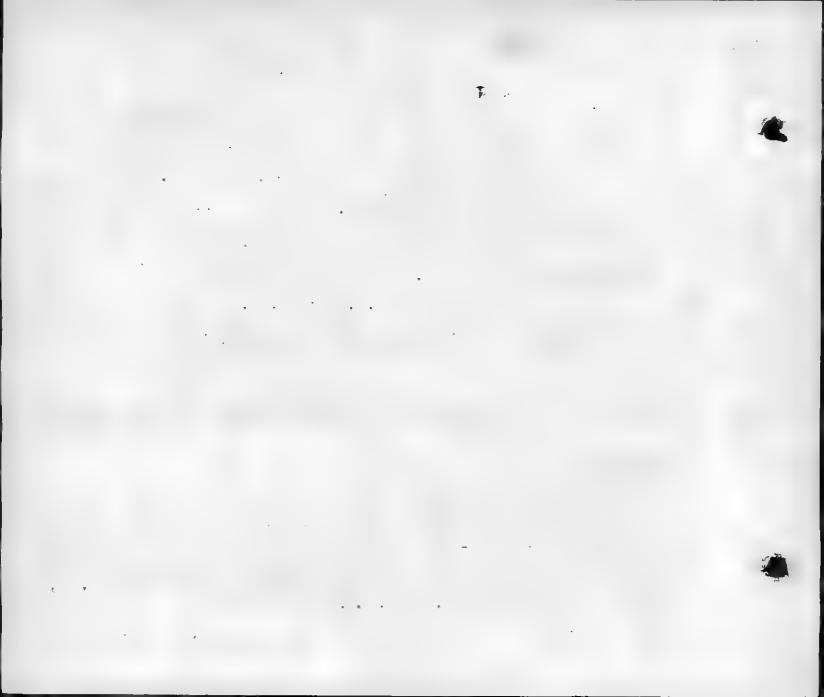
OR: After this certificate has been signed by the attending physician and completely filled in by stocked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, crematian, or removal, and in any event within 72 hours affet depth.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR AN may be retain may be retain West (4) 10/2/2 POUREAL D. page 3 shauld the registrar prior it



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Rea. Dist. No ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Baltimore Marvland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate i m is, write RuRAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Middle River 14 days Baltimore (Middle River d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RE IDEN ON A FARM? 709 Fuselage Avenue 709 Fuselage Avenue YES NO I 3 NAME OF DECEASED 4. DATE First Middle Month Year JIMMY MARSHALL CALHOUN. 1959 (Type or print) JR DEATH Feb. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HPS 9 AGE (In vegos fort birthday) Hours Min. Male White WIDOWED T DIVORCED [7] 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? and during most of working life, even if retired) Baltimore Maryland USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ages PM3. Jimmy Marshall Calhoun, Sr. Dov Pennington 8 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address J.M. Calhoun, Sr. no same as none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETYVEEN Bilateral interstitial pneumonitis PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD WAS AUTOPS PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Fort It of Hem 18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 120f. (City or town) Month, Doy, Year (County) (State) factory, street, office bldg., etc.) Not while at work of work p. m. 21. I certify that I tack charge of the remains described above, held an Autopsy A, Inspection . Inquiry and in my apinion death resulted from: Natural causes 🖃 🚬 Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 🕞 Feb. 13. 1959 EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) Charles S. Petty, M.D. 220. BURIAL CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Burial Meadowridge Memorial Dorsey.Maryland 23. FUNERAL DIRECTOR'S AIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME Dundalk 5M 2 57



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DI Poge 3 should

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01518

1529

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH g. COUNTY		2 USUAL RESIDENCE (			e before admission)				
	Baltimore	MARYLAND	o. STATE Maryla	and b	. COUNTY	Calle.				
	b. CITY OR TOWN (If outside carporate fimits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside carporate lim	ils, write RURAL and g	ive nearest lawn)				
	Fort Howard	54 Days	Baltimore (Dundalk)							
0	<ul> <li>d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION</li> </ul>		d STREET ADDRESS			e. IS RESIDENC ON A FARM	E			
, d	Veterans Administration	Hospital	237 Cc	lgate Aver	me_(22)	YES NO				
	3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year				
	(Type or print) GEORGE		CASSIDY		bruary	3 1959				
Ì	5. SEX 6 COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	1 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	TYEAR IF UNDER 24 H	-			
	Male White WIDOWEL	yrs Midnins	Days Haurs Min	,						
	10a. USUAL OCCUPATION (Give kind of work dane 10b K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (5to	ate ar foreign country)	12 CITI	ZEN OF WHAT COUN	ITRY'			
1	Brick Layer- unemployed Co	nstruction	New York.	N. Y.	U	. S. A.				
j	13. FATHER'S NAME		14. MOTHER'S MAIDE							
	Thomas Cassidy		Martha Ha	arper						
	(Yes no se soknown) . (If we may were as dates of corner)		NFORMANT		Address					
	Yes WW I 21	12-09-6418 C	lin.Rec.,Vet	.Adm. Hospi	tal.Ft.How	ard. Marvl	and			
	IB. CAUSE OF DEATH [Enter only one cause per line				7	INTERVAL BETWEEN	N			
	PART I. DEATH WAS CAUSED BY:	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) MYOCARDIAI. INFARCTION  2 DAYS								
	L'action ausen	4 ccus DUE TO CORPORATIVE CONTRACTOR								
	Conditions if any which	NARY OCCLUSIO	N			2 DAYS				
	gave rise to immediate	gave rise to immediate DIE TO								
	lying cause last.									
	(4)									
- Se,	1. Renal calculi. 2. Old myocardial infarction									
		200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
			ACE OF INJURY (Hame, fortary, street, affice bldg.,	erm, 20f. (City or tow	n) (C	ounty) (Sto	ote)			
	Hour o. m. While at work		costy, sincer, diffice blog.,	erc.)						
	21. I certify that ± attended the decease	d from December	11, 19.58, to I	ebruary 3	, 12.59 <b>, oran</b> co		MOESC MOESC			
	albeira con concomponde for a									
	-k , /	•		ADDRESS (Street, cit		DATE SIG				
	ACTUAL SIGNATURE	٠	M.D. VAH, For	t Howard, 1	aryland	2/4/59	,			
1	BUVENDABLIE				· · · · · · · · · · · · · · · · · · ·					
	PHYSICIAN'S CHIEN WEI LAN, M.I	D.	***************************************							
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (C	ty, lawn, or county)	(State)				
	Burial 2-6-59	Baltimore N	lational Cem	Baltimor	e, Maryland	d				
	23. FUNERAL DIRECTOR'S SIGNATURE	09 Harford Roa	24- 00	C'D BY REGISTRAR	246 REGISTRAR'S SIG					
	Em.Cook-Blight Inc. Ba	ltimore 14. Ma	DATE DATE	EB 5 '59	Clathing 8	4				
						SCHOOL SCHOOL STATE OF THE SCHOOL SCH				



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may be retaine TO FUNERAL DIR

VS A1S (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

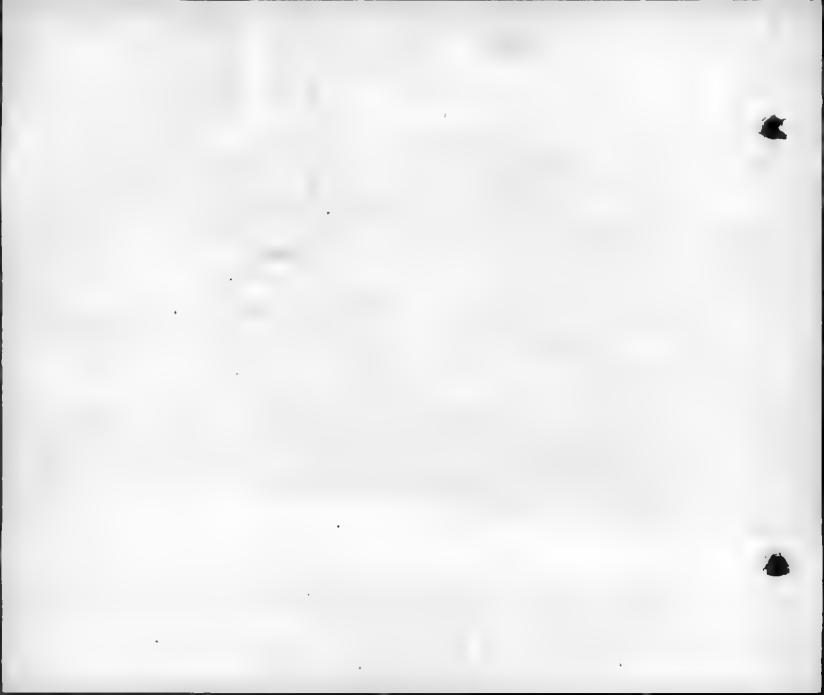
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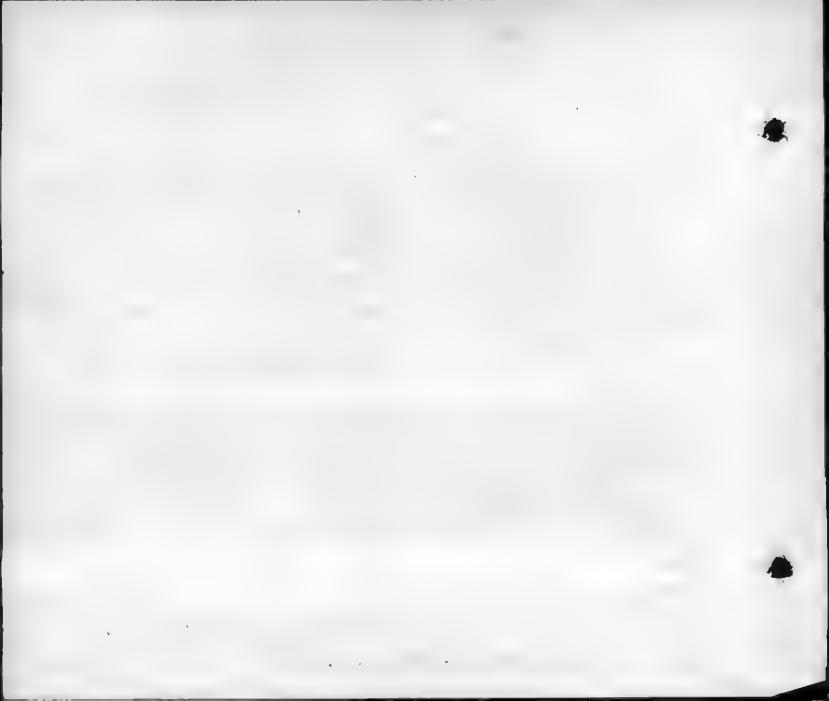
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH  o COUNTY  Do 1 + 4	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE b. COUNTY							
b. CITY OR TOWN (If outside corporate fimils, wi	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL and give nearest town)	c. CHT OX TOWN (it outside corporate limits, write KUXAL and give nearest town)							
Catonsville	?	Towanda		/		FIRENCE		
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
The House in The	RFD			YES [	] 140 🔲			
NAME OF DECEASED (Type or print) GEORGE W CF	Last	4. DATE OF DEATH 2	/3/59	Day	Year			
Male White	MARRIED NEVER MARRIED DOWED DIVORCED	Sept.12,18	65 9. AGE (	thdoy) Months	Days Hours	ER 24 HRS Min.		
100 USUAL OCCUPATION (Give kind of work done during most per prepared)	10b. KIND OF BUSINESS OR INDU							
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
George Chase	Jane Hutchinson							
15 WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT		Address				
[18] CAUSE OF DEATH [Enter only one course p	Tom Miller Towanda, Pa.							
PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  Conditions, if ony, which gove rise to immediate couse (b), stoling the under-lying couse lost.  Could be a couse lost.	Corell Tal 170				15.7	7. 7		
PART II OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING 200.  OR CONTRIBUTING 12 CAUSE OF DEATH  If EITHER, NOTIFY MEDICAL EXAMINER	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART	PERFO	AUTOPSY DRMED?		
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
Hour a.m.	Vhile Not while for work of work	LACE OF INJURY (Name, farm, scrory, street, affice bldg., etc.		,	ounty)	(State)		
21. I certify that I attended the decalive an Same Signature Signa	ACTUAL SIGNATURE THE GOLDAN K. Juliager MD. GROG Frederick Rd. 2-3 59.  PHYSICIAN'S WILMER K Golloger Boltonove. 28 Md.							
200 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 2/5/59	22c. NAME OF CEMETERY C		22d. LOCATION (City	Penn	(Sto	le}		
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'I		46. REGISTRAR'S SIG	NATURE			
Howard H.Hubbard , 4	107 Wilkens A	Ve. DATER	6 '59	2 -1 . 0 8	-			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1532 CERTIFICATE OF DEATH

01521 Reg. Dist. No.

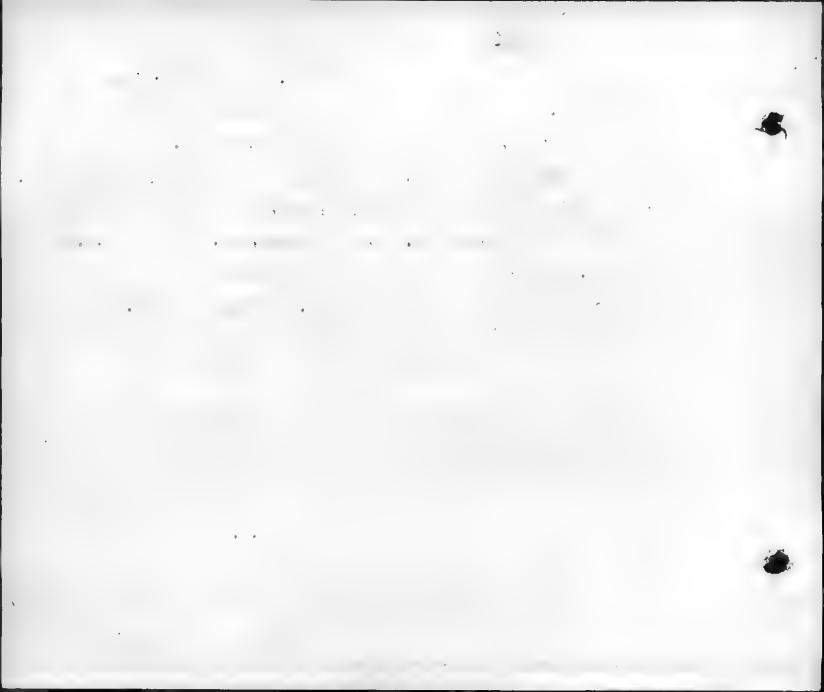
F.	NAME OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
ľ	o COUNTY Baltimore MARYLAND	· STATE Maryland b. COUNTY Baltimore					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give, negrest town) , ,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  54 Baltimore					
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1307 E. 3rd Rad	d STREET ADDRESS  1307 E. 3rd Road  o. 15 RESIDENCE on a FARM? YES [] NOVEL					
	3. NAME OF First Middle DECEASED (Type or print) ///rs. Mary (	(ole DEATH February 8th 19 59					
	, in the same of t	P. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Iost bighted   Months   Doys   Hours   Min.					
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country)  Housewife  12. CITIZEN OF WHAT COUNTRY Baltimore, Maryland  USA						
1	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Adeline Price						
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If you, give not of dates of service)  (If you, give not of dates of service)  (If you, give not of dates of service)						
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)						
	Condition if countries )						
	gove rise to immediate couse (o), stoting the under-						
1	, [6]	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO (2)					
	20g. ACCIDENT WAS UNDERLYING () 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING () CAUSE OF DEATH () (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Part II of Item 18.)					
		CE OF INJURY (Home, form, lary, street, office bldg., atc.) (Caunty) (Stole)					
	21. I certify that I ottended the deceased from 5 /13	occurred at 2 4 P.M. from the couses and on the date stated above.					
	ACTUAL SIGNATURE DI - SACTORISMATURE	ADDRESS (Street, city or town, state) DATE SIGNED  A.D. 5-829 OSelan Pal Bello 6, Mil					
4	PHYSICIAN'S D.T.Battaglia M.D.	5829 Belair Rd. Balto.6, Md.					
	220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OF Parkwood (	erematory 22d. LOCATION (City. town, or county) (51010)  emetery Baltimore, Miryland					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harrord Road	d #14 DATE FEB 1 1 159 246. REGISTRAR'S SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARTLAND	STATE DEPARTM	ENI OF HEALIF	1—BALTIMOKE,	18 ()1	523
1534	CERTIFICA	TE OF DEATH	1	Reg. Dist. No.	
1 PLACE OF DEATH  0 COUNTY		2. USUAL RESIDENCE (WHO o. STATE	ere deceased lived. If institu		re admission)
Baltimore	MARYLAND	Md.	Be	ltimore	
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).  Northbrook.	c LENGTH OF STAY IN 16	X .	utside corporate limits, write	RURAL and give nec	arest town)
A MANE OF HOSPITAL HE ask in bounted your stood	nddrate)	Mort	hbrook		e. IS RESIDENCE
OR INSTITUTION 7816 Gough St.	000-853/	3	Consolo Ct		ON A FARM?
NAME OF First	Middle	Lost	Gough St.	inth Do	
DECEASED (Type or print)  JAMES	S.	CORKRAN	DEATH Februs		,
		B DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR	
Male White WIDOW	DIVORCED	May 5,1882.	lost birthday) 76 yrs		Hours Min
0a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	or foreign country)	12.C TIZEN OF	WHAT COUNTRY
Retired Co	ont. Can. Co.	Vienn	a, Md.	U.S	S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Thomas S. Corkran	1		Murphy		
S WAS DECEASED EVER IN J S. ARMED FORCES? (16, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		FORMANT		dress	
No		ernon W. Co	rkran S	ame.	FRICAL BENNING
18 CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c) ]	Commen	7	ONS	ERVAL BETWEEN
1492 X DUE TO	erminal	, / acce	menca	- 4	aug
Conditions if any which )	Inia C	71611	an G		
gove rise to immediate	Nun F	Value of	ricus.		
lying couse lost.	/				
PART IL OTHER'S GNIF CANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE COND TION G	VEN IN PART 1(0)	9 WAS AUTOPSY
5 Nicheles 7	melletu	<u>a</u>			YES NO
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter noture of injury in l	Port for Part II of item 18.)		
20c. TIME OF INJURY Manth, Doy, Year 20d I Haur a.m. 19 While p. m. 19	F	CE OF INJURY (Home, farm tary, street, affice bldg., etc.		(County)	(State
p. m. 19 af war	k at wark			-,	
21. I certify that I attended the decease		1957, ta_2		,that I last sav	v the decease
alive an 2 - 2 / 19	and that death		Rafrom the causes a		
ACTUAL DA Q 00 19	+ mariant	1671/2	ADDRESS (Street, city or town	store)	DATE SIGNE
SIGNATURE / CONTROLL	mary,	A.D. T? / / Y 2	- Roll In Il	a_(E)	-1.L.a.
PHYSICIAN'S MAXWell	H. Mund				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town	ar county)	(State)
BURIAL 3- 3 -59	BALTIMO		E NORTH A	VE. BAL	TO, MD
23. FUNERAL DIRECTOR'S S GNATURE	OIS, CONKL	INGST		SISTRAR'S SIGNATU	
commes & geller	BALTOLA	DATMAR	(2 33 Ch	Thur S. Thousa	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01524 1535 **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY g b. COUNTY MARYLAND Maryland Baltimore uneral b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) 29 Days Baltimore Fort Howard d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Veterans Administration Hospital 915 Carrollton Ave YES NO T Middle 4. DATE Year DECEASED CRAWLEY FEBRUARY 10 59 DEATH (Type or print) TSAAC 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED 9 AGE (In years lost birthday) 5. SEX 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. Months Days DIVORCED [ 65 yrs. Colored WIDOWED | Male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) General Contracto Westmoreland Co. Virginia II.S.A Laborer after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Beraman James Crawley гетауе IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) Clin. Records. Vet. Adm. Hospital, Ft Howard, Md ending 226-14-1**96**8 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMA OF STOMACH 9 months IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned gave rise to immediate DUE TO couse (a), stating the underlying couse fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES XI NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) Hour o. m. factory, street, office bldg., etc.] Not while While of work of work p. m 19 59 to February 4 , 19 59 the bytes constitutions 21. I certify that tattended the deceased from January 6 CXXXXX and that death occurred at 6:45PM, fram the causes and on the date stated above. ō ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE MD VAH FT HOWARD, MD PHYSICIAN'S NAME (Type) VAH FT HOWARD MD FUNER, 3 220 BUR AL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City town, or county) agod REMOVAL (Specify) Baltimore National Baltimore. Maryland Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE V\$ A15 (4) OF B 6 59 arthur & Krons 15M 10/57 Kelson Jr. 1303Presstman St. Balto Mc

death.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. If institution: Residence before as in ssian) a COUNTY MARYLAND b. CITY OR TOWN (9) c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest lawn) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRES 3. NAME OF 4. DATE DECEASED (Type or print) DEATH MARRIED THE NEVER MARRIED 9 AGE (In years WIDOWED 100, USUAL OCCUPATION (Give kind at work dane) 10b. 14 MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY 20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) While Not while factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year Hour Nat while O. m. of work all work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . opinion death resulted from: Natural-causes. Accident Suicide | Homicide | I. Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER P 22d\_LOCATION (City, tawn, ar county) 0

246. REGISTRAR'S SIGNATURE FEB 2 4 '59 L. E 7 S. Trank DATE

Reg. Dist. No.

IF UNDER TYPAR Manths

(County)

Inquiry

Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO [

> > (State)

and in my

DATE SIGNED

e. IS RESIDENCE ON A FARM YES NO TE

Year



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY a STATE b. COUNTY Balto. 130 MARYLAND er death b. C.TY OR TOWN (If autside corporate lim ts. write c LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown)
TOWSON Baltimore d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Towson Conval. Home-301 Chesapeake Av 406 Mt. Holly St. YES T NO T 트 등 3. NAME OF 4. DATE Middle tort Month Year DECEASED OF (Type or print) Crow DEATH 1959 Feb 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS completely lost birthday) female white Months Days Hours Dec. 3, 1877 WIDOWED P DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Homemaker at home Md. bond 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Henry Knapp Dora Weber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. James Allison - 4001 The Alameda 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).} INTERVAL BETWEEN atte ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1 1000 420.1 DUE TO þ arterrosc/erosis Conditions, if any, which gove tise to immediate DUE TO cause (a), stating the underbeen si lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 0 buriol YES NO IN 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) \scale= MEDICAL 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. While factory, street, affice bldg. etc. Nat while at work ol wark 21. I certify that I attended the deceased from -19.37 that I last sow the deceased , and that death accurred at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE FUNERAL D P PHYSICIAN'S 211. nc 6316 NAME (Type) 220 BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) REMOVAL (Specify) Burial Western Com 9 23. FUNEFAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4)



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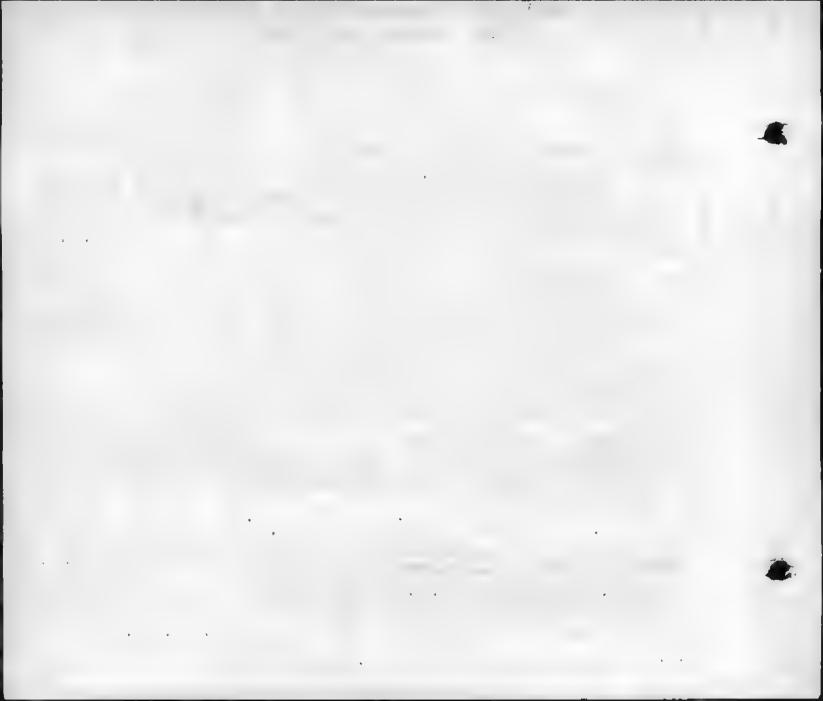
eral

death.

(0 á any

13 FATHER'S NAME no Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. 0 20c. TIME OF INJURY Month. Hour o. m Feb. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) O FUNER 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) 15M 9/5S

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Phoenix, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE ON A FARM? 1 d STREET ADDRESS STATE YES NO SPRING NAME OF First Middle 4 DATE Lost Month DECEASED OF DEATH February 26 19 59 Martha J. (Type or print) Curry 5. SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH 9. AGE (In years lossebisthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days April 11. 1872 female WIDOWED [ DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Mary land 14. MOTHER'S MAIDEN NAME Jackson Curry Mary George 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address STAR HOSPITAL Unknown Records: SPR ING CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Terminal bronchopneumonia IMMEDIATE CAUSE (0) DUE TO Cardiovascular renal disease **DUE TO** Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City or town) [County] (State) factory, street, office bldg, etc.) Not while at wark at work Feb. 26 Feb. 21. I certify that I attended the deceased fram. \_\_.that I last saw the deceased and that death accurred at 9:15a. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 3-26-59 Catonsville 28, Maryland C. Eugene Watermann, M. D. 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) 2-28-1959 Chestnut Grove Balto Co. Md ADDRESS 240. REGID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE H.W. Jenkins & Sons Co. 4905 York Rd. To they & Frage DATE



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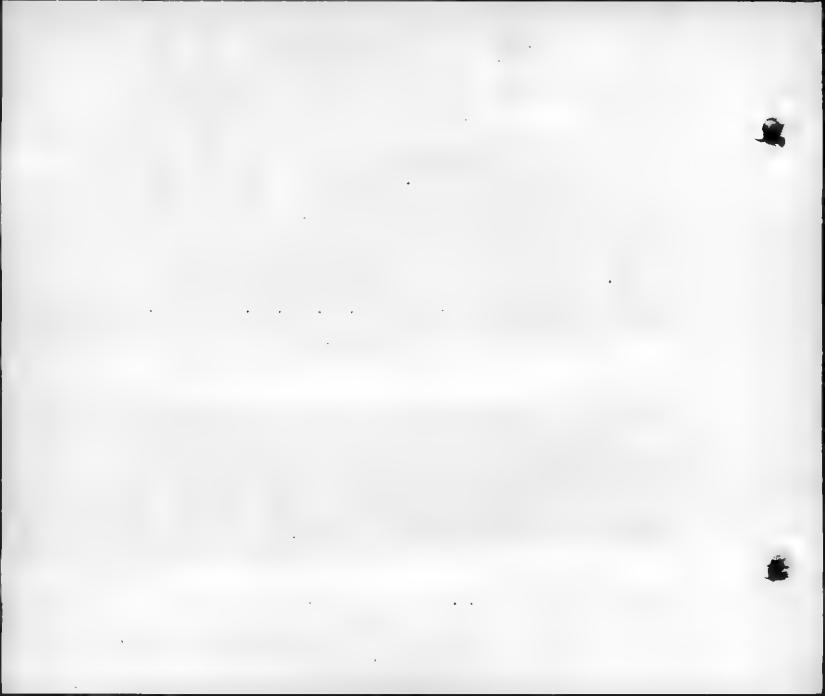
FUNERAL C

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15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1540 **CERTIFICATE OF DEATH** Rea. Dist. No filed-with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Mary Land 6 COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Fort Howard Baltimore(11) d NAME OF HOSP TAL (If not in hospitol, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1003 Rectory Lane Veterans Administration Hospital YES TO NO 12 First Middle DECEASED 59 (Type or print) JAMES F. DAVIS February DEATH 10 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED | 8 DATE OF BIRTH 9. AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS 62 birthdoy) Months Dovs DIVORCED [7] White WIDOWED [ Male yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired! Retreads Tires U. S. A. Elkton, Virginia Tireman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ella F. Shiftlett George T. Davis move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Clin. Rec., Vet. Adm. Hospital, Ft. Howard, Maryland offending 216-16-1394 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, RIGHT IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES INO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg . etc.) Hour o. m. While Not while of work of work February 27 21. I certify tho D attended the deceased from February ADDRESS (Street, city or town, state) **ACTUAL** VA HOSPITAL, FORT HOWARD, MARYLAND 2/27/ SIGNATURE PHYSICIAN'S Chief, Medical Service NAME (Type) FREEMAN. 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) Baltimore National Cemetery Baltimore, Maryland 3818 Roland Ave. MAR 3 FO 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57 Funeral Home



within 24 hours ofter death. Page 2. attending à signed buriol-transit TOR: RAL Elshould moy be retor 0 VS A15 (4) 15M 9/55

deoth certificate

requires that the

director,

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE 1885. Portship Road YES INO IN NAME OF DECEASED Yeor 10th 19 59 (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS white male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Metal Inspector 13. FATHER'S NAME Edward Davies 15. WAS DECEASED EVER IN U. S. ARMED FORCES? yes INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } PART I DEATH WAS CAUSED BY. 01 10.1 Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IT 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m While Not while at work at work FEB 10 1959, that I last saw the deceased JAN 1959, 10 21. I certify that I attended the deceased fram,\_\_\_ 19.59\_\_, and that death accurred ot\_ 9:30 KM, fram the causes and on the date stated above. DATE SIGNED SIGNATUR OKOWIAK NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) Oak Lawn Cemetery Baltimore Co. Maryland 23. FUNERAL BIRECTOR'S SIGNATURI **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Dundalk 22 DATE FEB 1 3 '59 Cathan S. Frank



22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR

ADDRESS

01531

. IS RESIDENCE ON A FARM?

YES NO DO

Year

Reg. Dist. No.

195 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH NO [] (Stole) (County) ...that I last saw the deceased .M, from the causes and an the date stated above. DATE SIGNED 22d, LOCATION (City, town. (Stote) 24b REGISTRAR'S SIGNATURE

Ö VS A1S (4) 15M 9/55

page

220 BURIAL CREMATION.

REMOVAL (Specify) Mulial

23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

certificate the death moy be re-

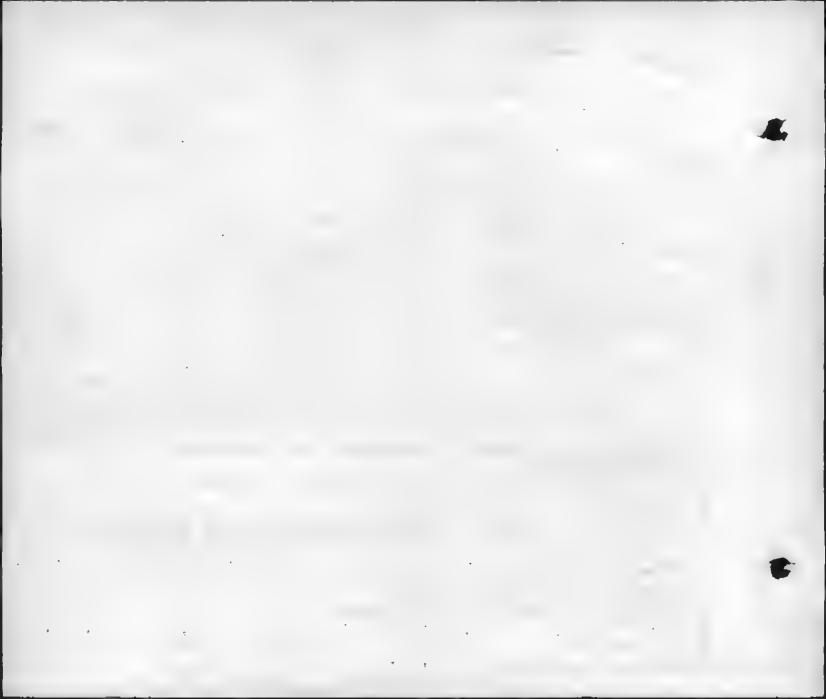


7	funeral director	and be filed with	1
	has been signed by the attending physician and campletely filled in by		n 72 hours o
be retained by the haspital of differenting physician.	NERAL DI OR: After this certificate has been signed by	page 3 shauld Verdetached far use as the burial-transit permit. Then pl	the registrar priar to burial, cremation, ar removal, and in any event within
may be I	FUNER	page 3 si	he regist

	15	42	CERT	IFIC/	ATE OF D	EATH	-		Reg. I	Dist. No		D O ()
1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESID	Mary]		Lived. If institu b. COUNT		ence befo	ore admis	sion}
	f outside corporate lim	ts, write	E. LENGTH OF STAY	r IN 1b	c. CITY OR I	OWN (If o	outside corpor	rate limits, write	RURAL on	d give ne	arest tow	n)
Fort How			12 days		ł	Balti	more		٠		<b>*</b> 0	
d NAME OF HOSPIT	AL (If not in hospital, s	ive street	oddress)		d. STREET A	DDRESS					e. IS RES	SIDENCE
Veterans	Administr	ation	Hoenitel		2111	En de	A	. D				FARM?
3. NAME OF	Fai		Middle		Los		A DATE		onth	De		Year
DECEASED (Type or print)		RLES	_		DORN		OF DEATH			- DC	,	
5. SEX			RIED NEVER MARR	IED 🗀	B. DATE OF BIRTH	1	J	9. AGE (In year		ER LYEAR		1959 ER 24 HR5
Male	White	WIDOW			2/26/89			lost birthday)	Months		Hours	Are
IOa. USUAL OCCUPATIO	ON (Give kind of work	done 10b.		44			or foreign co	0.7		ITIZEN C	DE WHAT	COUNTRY
Laborer	king life, even if retired	)	_									COOMIN
13. FATHER'S NAME			Brewery		14. MOTHER'S	more.	Maryla	and		I.S.	l	
	mamla Dann											
15. WAS DECEASED EVE	rank Dorn	CESS [14]	SOCIAL SECURITY NO	2 17 1	JUS NFORMANT	tina	Weatma		dress			
(Yes. no. or unknown)	III yes, give wor or dates of s	ervice										
Yes	WWI	2	15-03-7616	<u>AC11</u>	n, Record	s,Vet	s.Adm.	Hospita	1 Ft	How	rd,N	id.
	ATH [Enter only one co	iuse per li	ne for (a), (b), and (c)	]				_		INI	ERVAL BE	TWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	SEPTICIMIA							3	DAYS	
5 73.3	DUE TO	1										
Conditions, if a		_H	- JAMOISIONAL-	-ENFE	S MOTPE	taph.	Aure	us		3	day	18
gave rise to in couse (a), stating	mmediale (	,										
lying couse last.	) («	) P	seudomemb	rane	ous Col	itis				7	day	18
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	IVEN IN P	ART 1(a)	9 WAS	AUTOPSY PRMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE	D (Enter nature of	injury in F	Part I or Part	Il of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not white at work	20e. PL	ACE OF INJURY (I clory, street, office	lome, farm bldg., etc	20f. (City	or lown)		(County)		(State)
21. I certify th	at Kattended the	deceas	ed from Janus	rv 2	6 . 19 59	to Fe	hruerv	7 19 5	O Heats	hheim	- division	4
200000000000000000000000000000000000000	000000000	CONTRA	YOU'VE and that	t death	occurred at	2 + 30 %	Al from	the course	and an	the de	ATTACK TO A TO A	ANGENIA.
	12 / 13	,	, 5110 1110	, 400111	occorred de			reet, city or town		me uu		ATE SIGNE
ACTUAL SIGNATURE	A1,8 C	N	ry		м.d <b>VA</b>					)		
	H.B.CURRY,	M.D.	/		VA	H, FOR	T_HOWA	RD, MAR	YLAND	)	2/7	/59
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEN	AETERY O	R CREMATORY		22d. LOCAT	ION (City, town	. or county	)	(Stat	e)
Burial	2/11/5	9	Baltimor	e Na	tional		Ba	Itimore	1	[עייה]	hga	
23. FUNERAL DIRECTOR	S SIGNATURE	2				240. REC'1	D BY REGISTI		STRAR'S			
Schimunek	Funeral Ho	me.	331 Brehm	Man	ne ne	DAFEB	1 0 '59					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57





FOR STAKE 13 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the contract, writing the word "pending" in pendi in flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be coded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from fles.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File-coges I and 2 with the State Bern of Health, or its designated agent, prior to bartal, cremation, or removal, and in any ment with 72 hours after death.

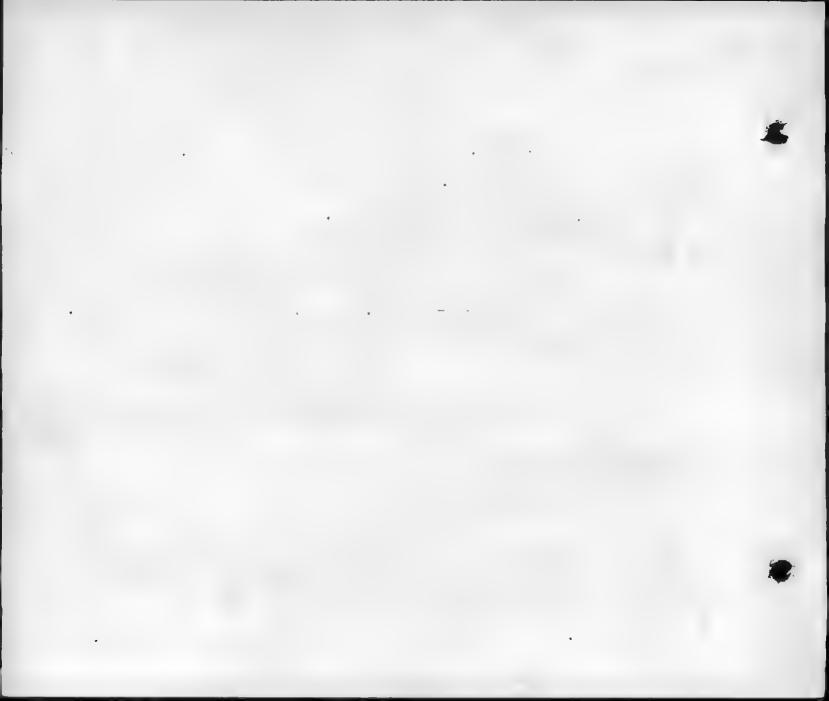
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VS A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01535 Reg. Dist. No.

7	I, PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)							
	Bal	b. CITY OR TOWN  If ourside corporate hards, write BURAL and give regards from).		o STATE Maryland b county Raltimore							
_	b. CITY OR TOWN  IT and give negrest fown										
	Sparrov	vs Point			Parky	ille					
	d. NAME OF HOSPITA	AL OR INSTITUTION	final in has	pital, give street address)	d STREET ADDRESS				e IS RETIDEN.		
7	Bethlehem Steel Co.			0.	8113		YES NO T				
	3. NAME OF DECEASED	Fig	'sP	Middle	Lost	4. DATE OF	Manth	Doy	Year		
	(Type or print)	Emmett		В.	Edwards	DEATH	2	16	19 59		
	5, SEX	6 COLOR OR PACE	7. MARRIE	D MEYER MARRIED B	DATE OF BIRTH	5	AGE (In years	IF UNDER TYEAR	IF UNDER 24 H	RS.	
	Male	White	WIDOWE		Feb. 20.	1906	52 yrs.	Manths Days	Hours Min.		
	10a. USUAL OCCUPATIO	ON (Give kind of work a life, even if retired)	done 10b X	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SIGH	e or foreign car	antry)	12. CITIZEN O	F WHAT COUNT	RY	
	Truck Dri		He	avy Dirt Movin	North	Carolin	na	11	SA		
	13. FATHER'S NAME		110		14. MOTHER'S MAIDEN				2 **		
	M	onroe Edwa	rds		Pegg	y Richa	rdson				
	15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO 17. II	NFORMANT		Address		-		
	No	(if yes, give wor or dotes or		12-12-0361 Mrs	. Pearl V.	Edwards	8113 D	alesford	Rd.		
	18. CAUSE OF DEAT	TH Enter only one co				~ ×			RVA. BETWEEN	-	
		H WAS CAUSED BY:	(1)	KONARY	OccLU	S, 01/		ONSE	T AND DEATH		
	1420	20. Due to									
	Conditions if a	Constitution of the state of th									
	gove rise to immed	diate cause	L								
	(e), stating the s										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO								A MARC ALLTON			
N,	PART II. OTH	ICH SIGNIFICANI CON	CDITIONS CC	ANNOUNCE PARTENING BOTT	OF RECATED TO THE TER	MINAFAISEVSE	CONDITION GIV	1	PERFORMED?	J.	
YES NO							YES NO				
							/				
	3 20c. TIME OF INJUI	RY Manth, Day, Ye	or 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	rm. 20f (City o	or fown)	(County)	(State	1	
	20c. TIME OF INJUIT	19	While	Not white fact	ory, street, affice bldg., et	(c.)					
		at I taok charai		emains described aba	ve held on Auton	ev 🗀 Ins	nection (Z)	Inquiry 🖸	ond in n		
				auses . Accident		Hamicide		rmined manne		y	
	9	200		,							
	ACTUAL SIGNATURE	11/3	2) a	m	_M D. CHIEF MEDICAL	EXAMINER 🗌		21	DATE SIGNED		
		w. 0	7		ASSISTANT MEDI	CAL EXAMINER		1/16	1.101_		
	NAME (Type)	19 13	UAVI	5 M U	DEPUTY MEDICA	L EXAMINER []		/ /	/ -		
	220 BURIAL CREMATIC	N. 226 DATE THERE	OF .	22c NAME OF CEMETERY OR	CREMATORY	22d. LOCATI	ON (Cify, fawn, o	or county)	(State)		
	Burial	Feb. 19,	1959	Belair Memor	ial Gardens	Be.	lair.	Maryland.			
	23. FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS		C'D BY REGISTR		STRAR'S SIGNATUR			
>	Jassahn J	ineral At	me	7401 (Balan)	Gide DATE	B 1 8 '59	Out	Town & House			





Woodlawn

**ADDRESS** 

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COUNTY	Bal		
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		0	RESIDENCE IN A FARM?
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(In years irthdoy)	Months		
yrs.	122 617	TEN OF W	HAT COUNTRY?
			HAT COUNTRY
		J.S.	
Addr	ess		
103	S+ 0	lban	s Rd.
<u> </u>	DUAR		L BETWEEN
metas	stasis	ONSET A	ND DEATH
TION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
			□ NO 【
m 1B.)			
	(C	ounty)	(Stote)
1959	,that LI	ast saw t	he deceased
auses a	nd an th		tated abave.
or town,	state)	172	2/59
nue		12/	6/39.

(State)

Woodlawn Md

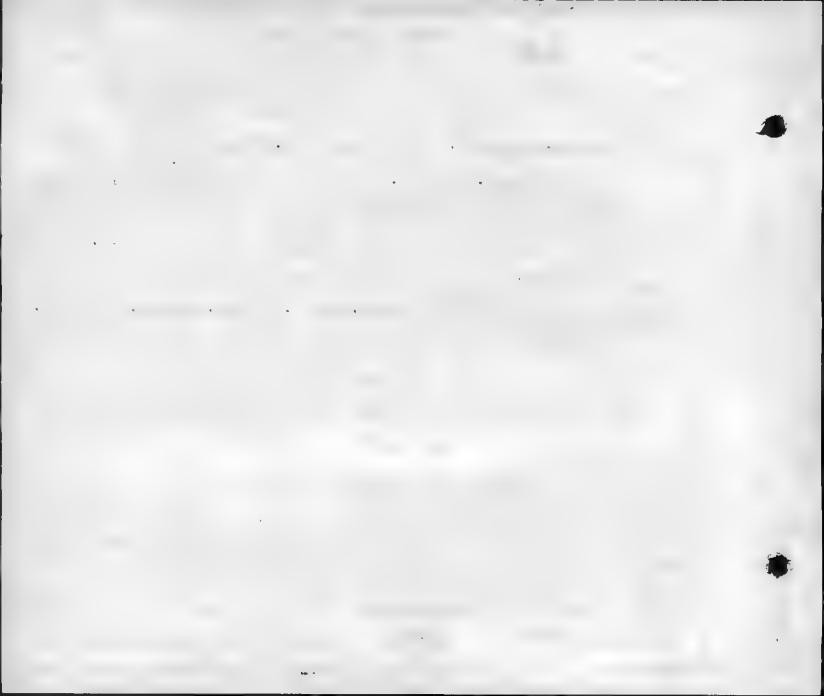
24b. REGISTRAR'S SIGNATURE

24c. REC'D BY REGISTRAR

Burrial

23. FUNERAL DIRECTOR'S SIGNATURE

10 VS A15 (4) 15M 9/55

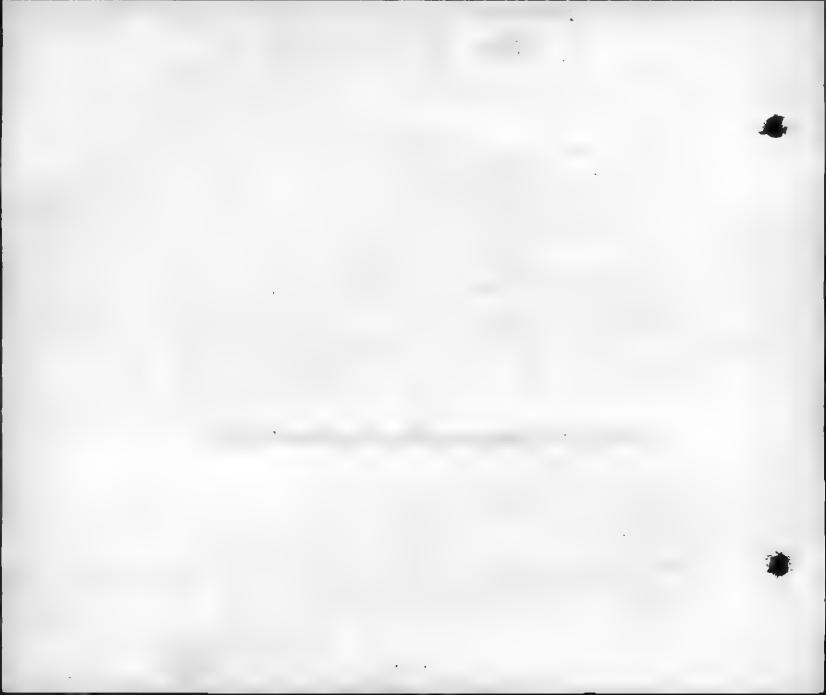


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1.8 20	CERTIFICATE OF DEATH  Reg. Dist. No.
Page	filed with	1. PLACE OF DEATH  o. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  o. STATE  b. COUNTY
r death.	uneral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest lown)  RURAL and give redrest flown)  C. LENGTH OF STAY IN 1b  C CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown)
hours after	in by	d NAME OF HOSPITAL (If not in hospital, give street oddress), Skale and d. STREET ADDRESS OR INSTITUTION, 1 Colored Adult 2522 Klyworth (M. VES   NO II)
24	Pages 1 an	3 NAME OF DECEASED (Type or print) Ame First Middle Foreman 4. DATE OF DEATH File 20 157
ed within	2	5. SEX- THE ACE OF MARRIED NEVER MARRIED B. DATE OF BIRTH  9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS birthday) Widowed Divorced Divorced Min.
executed	P 4 9	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY:  TOUSING 16, eyen if retired)  ASA  13 FF
care be	5 5 5	13. FATHER'S NAME Way Painter 14 MOTHER'S MAIBEN NAME TUNGSky
certificate		15. WAS DECEASED EVER BY U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMADIT (Yes. no. or unknown) (If yes, give wor or dofus of service) (If yes, give wor or dofus of service) (Akilman Funeal fame Bir 4, N)
ne death	an please re it within 72	PART !. DEATH WAS CAUSED BY.  PART !. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  URelow Vascular Throuboses  IMMEDIATE CAUSE (a)
that th	d by the	Conditions, if any, which) (b) arterioseleroses
requires	signed in din	gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO  (c)
he law physica	ر عائم <del>ا</del> بُوْ	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO F
IAN: Ti	ficate has the burial or remay	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INSURY OCCURRED. (Enter nature of injury in Port for Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of ar off	his certi	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED Hour o. m. 19 While of work
NDING haspit	R: After I oched for buriol, cr	21. I certify that I attended the deceased from Jan., 1959, ta 20, 1959, that I last saw the deceased alive an 216, 9, 1259, and that death occurred at 59 M, from the causes and an the date stated above
R ATTE	2 6	ACTUAL SIGNATURE LOUIS Belling U. O. MD. 2310 Entraw Pl. Belling 176
Z de	should is strar prie	PHYSICIAN'S LOUIS T. BLUE, M. D.
HOSP!	FUNE oge 3	220 BURIAL CREMATION, 226 DATE THEREOF, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)
	요 <sup>소</sup> 부 A15 (4) 1 10/57	23. HUNERAL ORECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ALL ALL MARK AND
13/4		the



# the registrar prior to burial, cremation, or removal, TO HOSPITAL OR TO FUNERAL D! page 3 should

VS A15 (4) 15M 10/57

FUNERAL DIRECTOR'S SIGNATURE

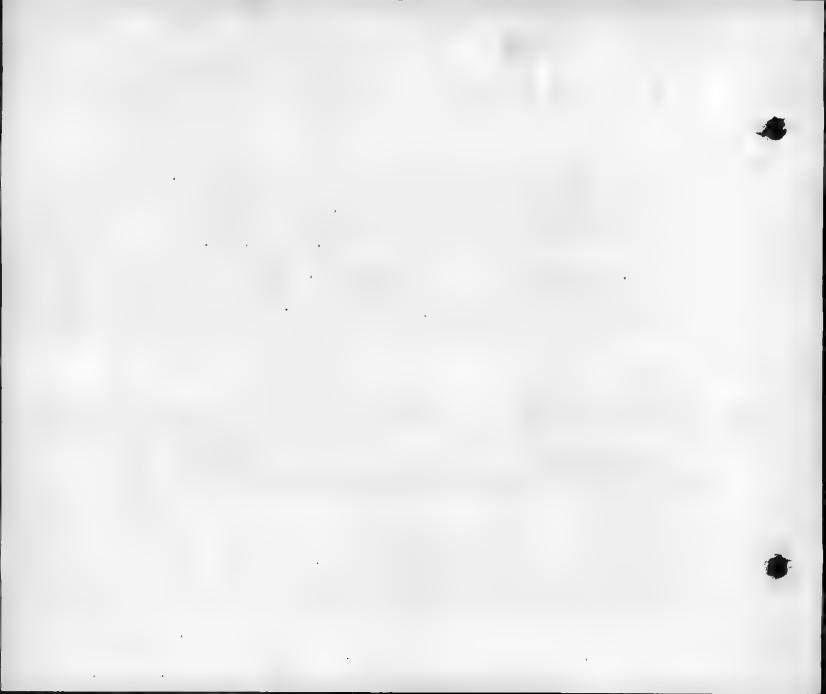
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01541

246 REGISTRAR'S SIGNATURE

24o. REC'D BY REGISTRAR

	7550	CERTIFIC	ATE OF DEATH	ł	Reg. Dist. No.					
1. PLACE OF DEATH COUNTY Baltin	nore	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE Mary)		ion Residence before admission)					
b CITY OR TOWN (If outsid RURAL and give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore						
d. NAME OF HOSPITAL (IF IT OR INSTITUTION 12)	ot in hospitat, give stree ) Brandon Ro		d. STREET ADDRESS	Road #12	e. IS RESIDENCE ON A FARM? YES NO					
3 NAME OF DECEASED (Type or print) ANI	First JA ARLII	Middle E	Last FREEBURGER	4. DATE Mor	8 19 59					
Female V	Thite widow		Sept. 13, 18	02,	Manths Days Hours Min					
100 USUAL OCCUPATION (Girduring most of working life Retired Secretion 13. FATHER'S NAME	, even it retired)			lto., Md.	12 CITIZEN OF WHAT COUNTRY?					
Wilbur I. Free  15. WAS DECEASED EVER IN U.  (19. WAS DECEASED EVE			Anna G. Fil	Add	less  O Brandon Road #1:					
Conditions, if ony, wh gave rise to immedicouse (a), stating the unstyling cause last.	DUE TO	mtastasi	nu of (	Janereus in	ONSET AND DEATH					
CAT CAT		CONTRIBUTING TO DEATH BU			VEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO 2					
200 ACCIDENT WAS UND OR CONTRIBUTING   CAI (IF EITHER, NOTIFY MEDIC  200 TIME OF INJURY Mon Hour o. m. p. m.	AL EXAMINER)	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	20f (City or town)	(County) (Stote)					
21. I certify that I a alive on Tube	ttended the deceo	sed from MV.	M.D. 4108 febr	ADDRESS (Street, city or town,	f, that I lost saw the deceosed and an the dote stated above.  "DATE SIGNED 2-10					
NAME (Type)	DATE THEREOF	22c NAME OF CEMETERY C Western Ceme		20. LOCATION (City, fown, Baltimore, )	4					



ADDRESS

FUNERAL pode je je OF VS A15 (4) 15M 10/57

NAME (Type) 220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

226 DATE THEREOF

Firley Funeral Home, Catonsville, .....

ADDRESS (Street, city or town, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) Meadowridge Cem. Elkridge. Md. 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 2 4 '59 arthur & Kings

01542

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (State)

Days

(County)

ON A FARM?

YES I NO I

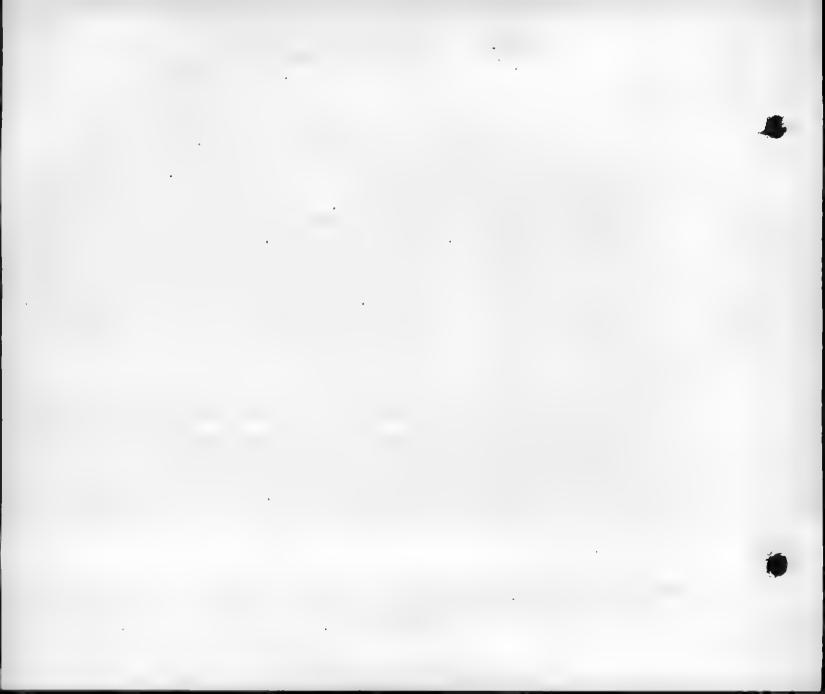
Year

19 F

Rea, Dist. No.

Balto.

Months



14

TE MOSTIFE BRANTENDING HIVEICIAN: The form requires that the death certificate be executed within 24 hours after death Page 4

may be retained by the hospital ar attending physician.

TO FUNERAL D. 10R: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld. Illached fire use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

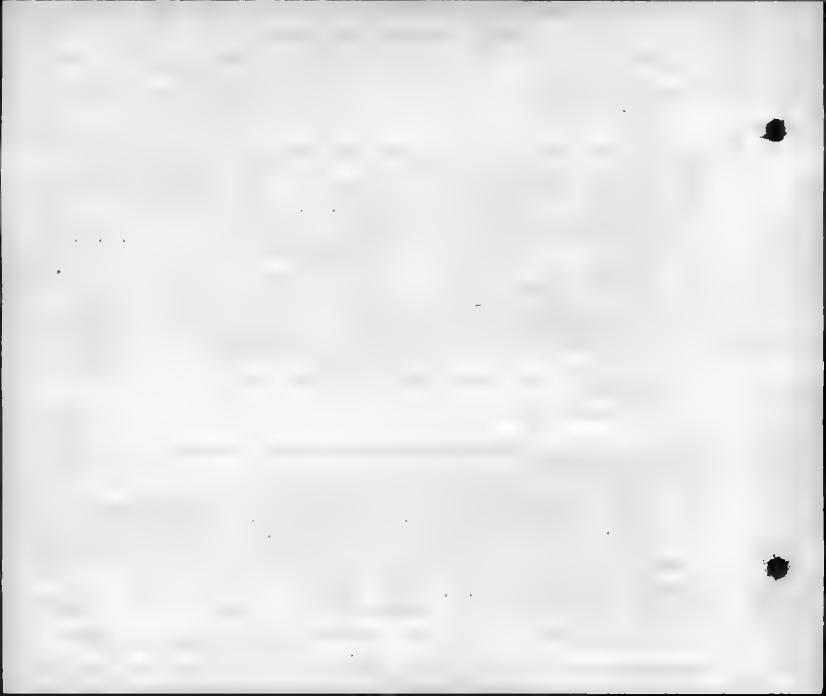
VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1559

CERTIFICATE OF DEATH

01543

		400	S CEICITI	14771	- 01 0		•		Reg. D	îst. No.		
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	11	USUAL RESID	Mar 1		l lived If institu b. COUNT	- 4	nce befo		1)
b. CITY OR TOWN RURAL and give	I (If autside corporate limi nearest lawn) num SVIIIe	ts, write	3yrlOmth2			OWN (If a		rale limits, write	RURAL and	give ried	rest lown)	
d. NAME OF HOS OR INSTITUTION STRIL IG	PITAL (If not in hospital, g		oddress) SPITAL		d. STREET AL		erty R	oad			e. IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print)	Fii And 1		Middle Bernard		tos! Fre	у	4. DATE OF DEATH		min ruary	Do 1	£ .	E'a
s. sex male	white	WIDOW			Sept. 1	9, 18	194	9. AGE (In year last birthday) OU yr	Months	R 1 YEAR Days	Hours	24 HRS Min
100. USUAL OCCUPA during most of w STONE I	TION (Give kind of work orking life, even if retired TE, SON		KIND OF BUSINESS OR Ons truction	INDUSTRY		yland		untry)		TIZEN O	A.	OUNTRY
13. FATHER'S NAME Ernest	Frey			1	4. MOTHER'S C]	maiden n aire	AME					
15. WAS DECEASEDE (Yes, no. or unknown)	VER IN U. S. ARMED FOR	ensire?	social security no. 12–14–8726	Reco	rmant ords:	PRIN	G GR	OVE STA	dress NIE H	[03. I	TAL	
Canditians, if gave rise to cause (a), statin lying cause las	any, which (b) (b) immediate ag the under-	)	coinoma of t				etasta:		IVFN IN PA		ET AND DI	
200. ACCIDENT YOUR CONTRIBUTION (IF EITHER, NOTIL	NAS UNDERLYING D NG D CAUSE OF DEATH FY MEDICAL EXAMINER		CRIBE HOW INJURY OCC								PERFORM YES N	AED?
Y 20c. TIME OF INST	1.	20d. II While at war	Nat while	0e. PLACE foctory	OF INJURY (H , street, office	lome, farm, bldg., etc.]	20f. (City	or town)	(	(County)		{State}
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the eb. 13 Skilla Stella Wach	Va sler	clister		SPRII	8:45a G GR	LOVE :	the causes	and an 1 , state) HOSP T	he dat	ie stated	abave E SIGNE
22g. BURIAL, CREMAT REMOVAL (Specil Burial	2/16/19		Woodlaw					imore	or county)	Mai	(State)	1
23. FUNERAL DIRECTO	PR'S SIGNATURE 460	0 Lit	perty Heigh	ts Av	e.	24a. REC'D	BY REGISTS	AR 24b. REG	Chan &	_		



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

1553 **CERTIFICATE OF DEATH**  11544

					Nag. Dist. 140.
1 PLACE OF DEATH	C	MARYLAND	2 USUAL RESIDENCE (Where do STATE	deceased fived If institution  J b COUNTY	Residence before admission)
b. CITY OR TOWN (If out	MCR E	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	1/3	BAL and also percent town
RURAL and give nearest	19mm 12	5 mp.	FULLEDTO	N/	was one give need on lowing
d. NAME OF HOSPITAL (1	not in hospital, give street	-/114/7	# d. STREET ADDRESS	-	e. IS RESIDENCE
ROSEWOUD	STATE TRA	INING Sthee	1 Box 13 E. J.	OPPA ROFE	ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Edwa Rd	STAN/24		DATE Month OF DEATH FEBRICA	
5. SEX 6	COLOR OR RACE 7 MARR	HED NEVER MARRIED DE	3 - 16 - 7	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min
10a. USUAL OCCUPATION (C during most of warking I	irve kind of wark done 10b ire, even if retired)	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	. 17		14. MOTHER'S MAIDEN NAME	1,000	9,3,171
JOHNA	ODERIS		ESTHER	HUBER	
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT OSEWOOD RE	dords Addre	155
	Enter only one cause per lin	ie for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH V	/AS CAUSED BY: NEDIATE CAUSE (o)				ONSET AND DEATH
29/X	DUE TO		« (1)	*	1)
Conditions, if ony, a		sperate	m / Muin	uma	1 hom
cause (a), stating the u					Buth
PART II OTHER S		ONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PARTIES 19 WAS AUTOPSY PERFORMED?
3 na	ercephal-	e identi	VITh grade	e plegio	YES NO DB
PANT II OTHER S  71 CL  200 ACCIDENT WAS UN OR CONTRIBUTING II C IIF EITHER, NOTIFY MEDI	DERLYING (1) AUSE OF DEATH CAL EXAMINER)	RIBE HOW INJURY OCCURR	ED (Enter nature of injury in Part 1	or Bort II of item 18.)	
20c. TIME OF INJURY M Hour o.m.		NJURY OCCURRED 20e. F	LACE OF INJURY (Home, form, 20 octory, street, office bldg, etc.)	f (City or town)	(County) (Slote)
₹ p. m.	19 While of work		octory, meat, office blog , etc.)		
21. I certify that I	attended the decease	ed from	, 19, to		that I last saw the deceased
alive on	2 - 7 12:	59 , and that deat			d an the date stated above.
ACTUAL SIGNATURE	my G. Bu	then		RESS (Street, city or town, st	
PHYSICIAN'S NAME (Typo)					
220 BURIAL CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOF	ROLL MO	OR CREMATORY 22d	LOCATION (City town, or	caunty) MJ (State)
23. FUNERAL DIRECTOR'S SIG	NATURE /	ADDRESS 0	13024 6 240 REC'D BY	REGISTRAR 246. REGIST	RAR'S SIGNATURE
Sastaling	ineral Hom	,7401 Bela	1 Rel. MANTE FER 1	4 100	Tour & House



CERTIFICATE OF DEATH 1557

01545

1					R	eg. Dist.	No.		
1	o. COUNTY Baltimore	MARYLAND	2 USU	AL RESIDENCE (Who	ere deceased lived if institution b COUNTY	Residence	befare odmissian)		
Г	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)		c. C		utside carporate limits, write RUR/		e negrest tawn)		
L	Fort Howard	8 Days		Baltimor	е	(18)	3 4 1 :		
L	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION		d	STREET ADDRESS	Olivera		e. IS RESIDENCE ON A FARM?		
	Veterans Administrati	on Hospital		2605 Boo	ne Street		YES NO		
3.	NAME OF First DECEASED (Type or print) IRA	Middle	GLE	EAVES	4. DATE Month OF DEATH February		1 Year 1959		
	Male Colored wipo	RRIED NEVER MARRIED DIVORCED DIVORCED	Octo	of Birth ber 17,18	92 Go'rthdoy) M	UNDER 1 Y	FAR IF JNDER 24 HRS  Liys Haurs Min		
10	Da. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU				12 CITIZE	N OF WHAT COUNTRY		
L	Porter	Retail Store		Baltimore,		U.	S. A.		
13	FATHER'S NAME		14 M	OTHER'S MAIDEN N	AME				
4_	Abraham Gleaves			attie Mart	in				
15	Yes no, or unknown)     (If yes, give war or dates of service)		informa Lin.F		Address .dm.Hospital,Ft.	Howa	ard, Maryland		
	18 CAUSE OF DEATH [Enter only one couse per	tine far (a), (b), and (c) }					INTERVAL BETWEEN		
L		ULTIPLE RENAL I	NFAR	CTIONS			ONSET AND DEATH		
L	446 X DUE TO								
L	Conditions, if any, which ) (b) N		UNKNOWN						
gave rise to immediate Course (a), stating the under-									
	lying cause lost (c) GENERALIZED ARTERIOSCLEROSIS								
FICATION	PART II OTHER SIGNIFICANT CONDITION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART							
IC.	Cerebral Thrombosis(Cl						PERFORMED?		
CERT	OR CONTRIBUTING COUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D (Enter	nature of injury in Po	art 1 ar Part II af item 18.)				
MEDICAL	COC. TIME OF INJURY Manth, Day, Year 20d. Haur a. m. P. m. 19 at w			NURY (Home, form, set, affice bldg., etc.)		{Cou	nly) (State)		
L	21. I certify that attended the decer	sed from January	24	19 59 to Feb	ruary 1 1059	ment had	GERT ROTTERS		
П	90000000000000000000000000000000000000	COCOC and that death	occuri	red at 9:30F	M from the courses and	on the	date stated above		
П	1 5 11/5 /	A	, 64461	A	ADDRESS (Street, city or town, stat	e)	DATE SIGNED		
	SIGNATURE With VZ TO	a	м р	AH, Fort	Howard, Marylar	<u>ıd</u>	2/2/59		
	PHYSICIAN'S CHIEN WEI LAN, I	4.D.							
27	Removal (Specify)  Burial  20. Date Thereof  REMOVAL (Specify)  Durial	Baltimore Na			22d LOCATION (City, lawn, or company Baltimore,		Land (Stote)		
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS D	d	S+ 240. BECEP	BY REGISTRAR 246. REGISTRA				
L	Cardons Candons	217 E. Pres	COIL P	DATE DATE	Contin	1 & th	ARA		

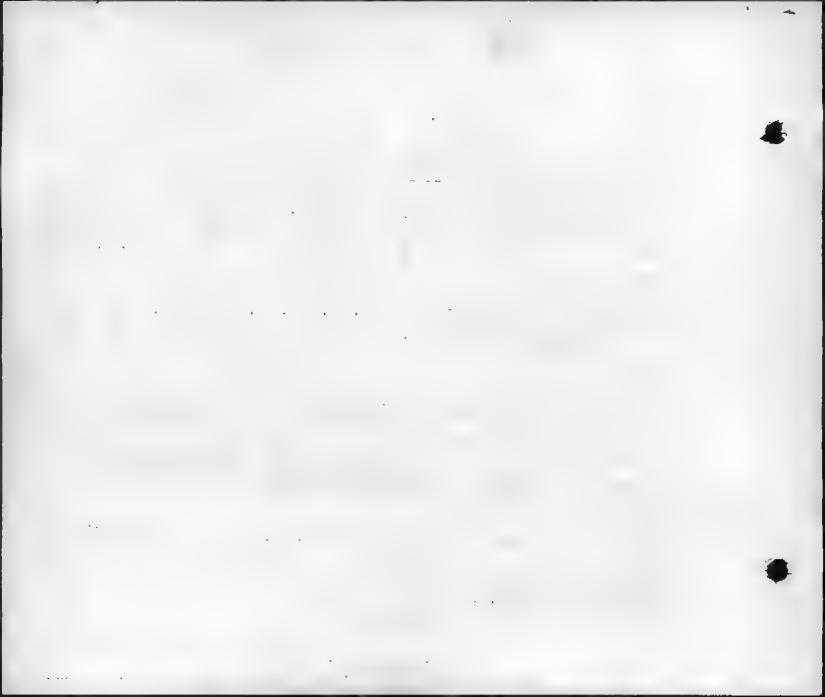
DATE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours other death. Page 4 funeral director, uld be filed with O FUNERAL I. OR. After this certificate has been signed by the attending physicion and completely filled in by page 3 shoul estached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 the registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

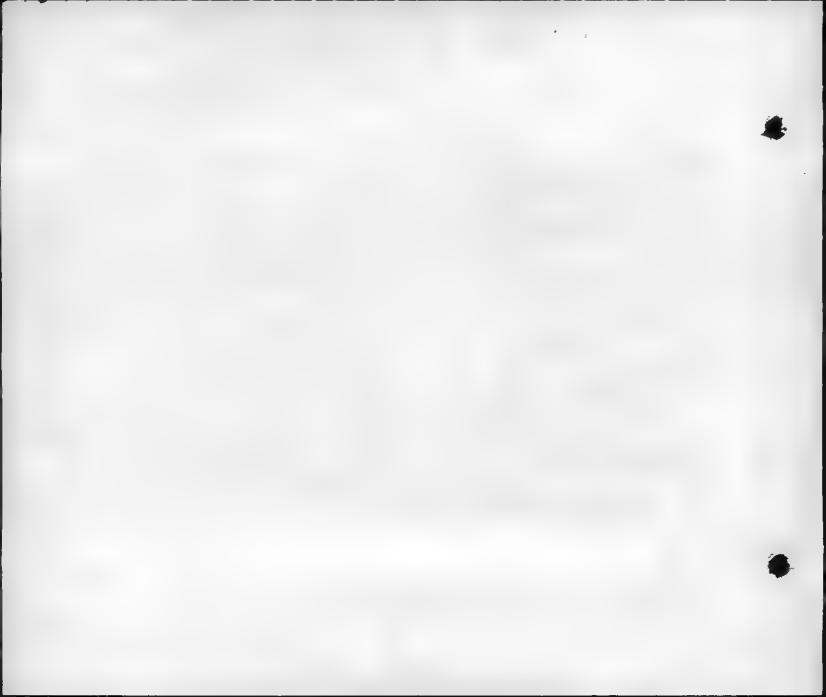
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TO HOSPITAL OR may be retailed TO FUNERAL L page 3 shoul VS A15 (4) 15M 10/57

Rayner Sanders



1	Ju 10		MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
	\$	L	1555 CERTIFICATE OF DEATH	01546 Reg. Dist. No.
Page director		1.	PLACE OF DEATH O. COUNTY  BALTINORS  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If inst O. STATE  MARYLAND  COUNTY  BALTINORS  COUNTY  COUNTY	
death. uneral Id be f			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CATENSULLE  5 Weeks  CATINER &	te RURAL and give nearest town)
rs after	40		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CATCH Ridge Home 132 S. HillTon S	e. IS RESIDENCE ON A FARM? YES NO [2]
24 hau led in 1 s 1 and			NAME OF	Month Day Year
within etely fil			SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In ye lost birthdo	
kecuted campl papers		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
ian and	1	13.	FATHER'S NAME	
certifical g physic remoyer 72 hours		15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 1325. HILTON IN NO. 17. INFORMANT 1325. HILTON INFORMANT 1. GROVE	Address S7.
death attendin please within			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c) LILLENGE JELMINGE	INTERVAL BETWEEN
that the by the t. Ther y event			293× DUE TO Securelas are marked (le	use 5m of 17
aquires signed it permi			gove rise to immediate couse (a), stating the under- lying couse lost.	C Transacti
physicio as been ial-trans	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO PA
ending ficate haring the buri		CERTIFICATIO	200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC II ar ath his certifuse as mation,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of wo	(County) (State)
haspite After the far thed far			21. I certify that Lattended the deceased from 3/1 , 19 to 191	2, that I last saw the deceased
the OR:			ACTUAL ELIAT W Seductor MD 3432 - reduction in signature	2 - 1 - 1
services of the services of th	1		PHYSICIAN'S ELIOT W. 10 HNSON MD.	7.70
moy be reto FUNERAL poge 3 shou file registror		220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, for Exemoval Specify) Feb. 7.1959 PROSPECT CPM. Mt. AIRW	vn, or county] (State)
VS A15 (4)	6	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246. RI	EGISTRAR'S SIGNATURE Cirthury S. Hause
13M 7/33			3512 Frederick (1 ve (29)	



VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

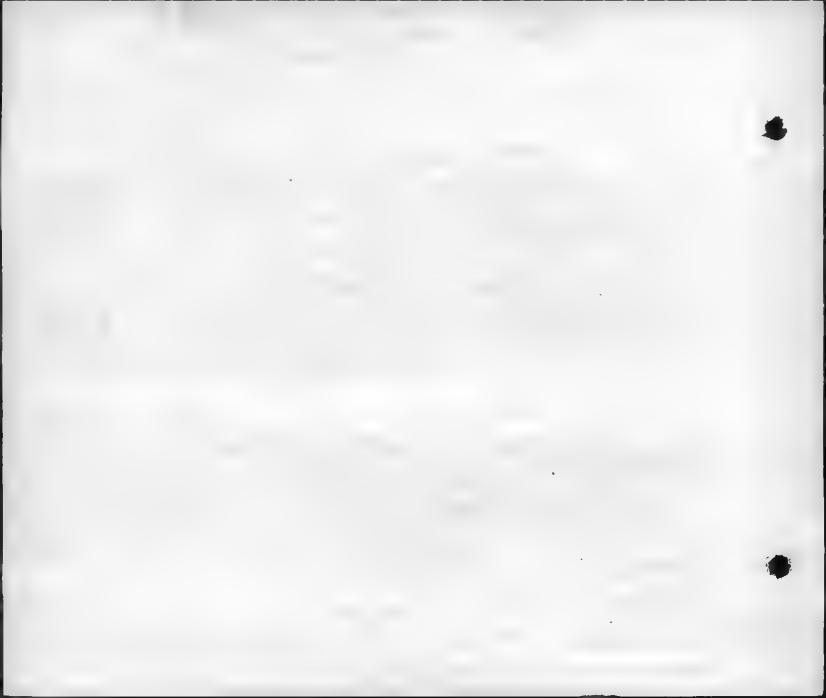
1556

#### **CERTIFICATE OF DEATH**

01547

Pag Dist No.

- 1-		Reg. Dist, 140.
1	1. PLACE OF DEATH o. COUNTY Daltwal MARYLAND 2. US o.	UAL RESIDENCE (Where deceased thed If institution: Residence before admission) STATE  D. COUNTY  D. Tuurl
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. RURAK and give nearest town)	CITY OR TOWN (If outside corporate limits, write RTRAL and give nearest town)
	d. NAME OF HOSPITAL HE not in hospitol, give speed oddress) OR INSTITUTION CICLEY SWELL!	STREET ADDRESS Paderia Rel C. 15 RESIDENCE ON A FARM? YES NO DE
3.	3. NAME OF DECEASED ATTIE Middle HE	= LMS 4. DATE Month Day Year DEATH FEBRUARY 19 1959
	Jemale ( ) WIDOWED DIVORCED [ 3 70	OF BIRTH  9. AGE (In years   IF INDER 1 YEAR IF UNDER 24 HRS.    Worth   Months   Doys   Hours   Min.    William   Months   Doys   Hours   Min.    When   Min.   Min.   Min
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if relied)  Sauch	Very tale Cale N. J. 12. CITIZEN OF WHAT COUNTRY
L	Philip Oogel	Maril Zuick
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. of unknown) (If yes, gave war or dates of service)	the Has hagen-laughter Same
I	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cautensatus interval Between ONSET AND DEATH
	Conditions, if any, which) OUE TO arteris pelbrotic	cardio-vasculardiciace 7 yrs
	gove rise to immediate couse (a), stating the under-lying couse last.	
01247	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \)
		nature of injury in Port I or Port II of item 18.)
AAEDICA		INJURY (Home, form, 20f. (City or town) (County) (Stole) eet, office bldg., etc.)
	21. I certify that I attended the deceased from	red at / M, from the causes and an the date stated above
	SIGNATURE Walter T. 1 Cass	ADDRESS (Street, city of town, stote) OTHEY SWILL 20 Jeb 1957
1	PHYSICIAN'S Walter T. KEES	Tuel
1.	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM. BURIAL FEB-14/1959 LUTHERAH	ATORY  ATORY  ATORY  CEM, MIDDLE VILLAGE - N.Y;
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WM COOK-TOWSUM - TOWSUM - MI	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE



01548

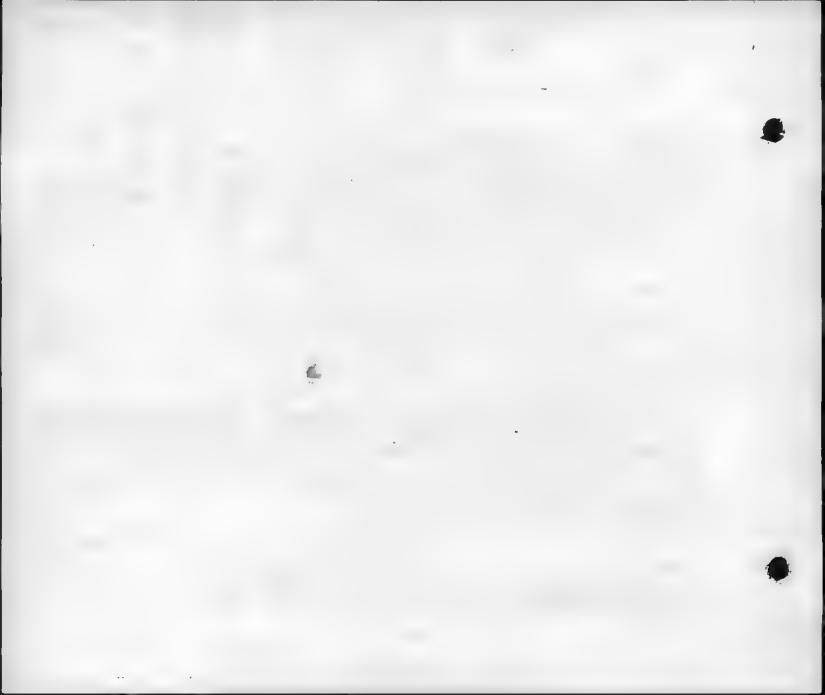
**CERTIFICATE OF DEATH** 1557

Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY Bal	timore		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY Marvland							
' [		outside corporate fimi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		rporote limits	, write RU	IRAL and g	ive nearest	town)	
	Fort Ho	vard		22 day	S	Balt	imore		*	Y 201 6	1.		
ľ	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRE	SS			1 3 1	e. I:	RESIDEN	ICE
	Veterans A	Administrat	ion	Hospital	ospital 3119 Chesley Avenue						ON A FARM? YES NO X		
	3 NAME OF DECEASED (Type or print)	BEN	" AMIN	Middle L		Lost HENLEY	4 DAT	т ти Febr	Montl TIBY		Day 10	Yeor 1959	0
	S. SEX			IED NEVER MARRI		B. DATE OF BIRTH	]						
	Male	White	WIDOW	DIVORCE	0 🗆	July 9, 189			phday) yrs,	Months	Days H	ours N	Ain
	100. USUAL OCCUPATIO	N (Give kind of work in	ione 10b	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (	(State or foreig	n country)		12 CITI	ZEN OF W	HAT COL	JNTRY"
Ж	Conductor	C Tree even in toning		Railroad Co	э.	Chester	rtown,	Maryla	ınd	1	U.S.A		
<u> </u>	13. FATHER'S NAME					14 MOTHER'S MAIL	DEN NAME					-	
	Benjamin	F. Henley				Nettie	L. Edw	ards					
	S. WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	, 17 II	NFORMANT			Addre	PSS			
	Yes, no. or unknown) Yes	of yes, gave war or dates of a	A	734129	Cl	in Rec., Vet	t Adm.	Hospi	tal,	Ft.	Howar	d, Mo	đ
		TH [Enter only one co									INTERV	L BETWE	EN
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o		PNEUMONIA .	101011	LOWER LOBI	E				1	AND PE	K"
/	443 X	DUE TO											
	Conditions, if a		1										
1	gave rise to immediate Couse (a), stating the under DUE TO												
	lying couse lost. (c)												
	o Partill OTH	rene, leit	I OOT	Secondary	TH BUT	not related to the arterioscloeration-Le	TERMINAL DIS	ODLIT	ion give	N IN PART	1(o) 19 y	VAS AUTO	PSY D?
	20g ACCIDENT WA	ATOSCIETOU	20b DESC	Part Diseas	COURPE	CENTER NOTICE OF INITION	it lum	bar sy	mpath	ector	AE AE	MAN NO	, U
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	EVD. DES	AND TOWN HOURT O	CARNE	y terries notore of info	17 18 1 017 1 01	run II di men	1 10 )	-/-/	,		
		Month, Day, Yea		UURY OCCURRED	20e. Pt/	ACE OF INJURY (Home	, form, 20f. (	City or town)		(Ce	ounty)	(9	Slole)
	Hour o, m,	19	While of worl	Not while	100	tory, street, affice bldg	i, eic.j						
		at Pottended the	deceos	ed from Janua:	ry l	9, 19 <u>59</u> , ta	Februa	ry 10.	12.59	.іКакжж	KKKKKX	DENCIÉNCE E	P (0/5)
ı	polityexconscxxxxx	CCCXXXXXXXXX	XXXX	XXXX, and that	death	accurred at 4:1	55 <b>P.</b> M. fi	rom the co	ouses or	nd on th	e dote s	toted o	hove
1	(	2/ - 60	1 ~					(Street, city			- 00.0	DATE S	
1	ACTUAL	Mile	2 4	Pu.		VAH F	t Howar	a.Ma				2/1	1/50
1	Burdeles A sue										~~~~~		talin estad
		THIEN WEI I		M.D.		VAH F	P HOWAR	D, MD					
1	220 BURIAL CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	F	22c. NAME OF CEMI			22d. LO	CATION (City	, fown, or	county)		(Stote)	
	Burial	12-13-	59	Baltimore	e Na	tional	E	altimo	re.	Maryl	and		
2	3. FUNERAL DIRECTORS	SIGNATURE	,	ADDRESS		24a.	REC'D BY REC	SISTRAR 24	Ib. REGIST	TRAR'S SIG	NATURE		
	Wm. Cook B	Light 6009	Harf	ord Rd Ral	to M	DAT	FEB 1 3	5 29	بمانية	Thur L.	7Eraus		

may be retained by the hospital ar ottending physician.

TO FUNERAL DY OR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit pamit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremotian, or removal, and in any event within 72 hours ofter geath. ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL OR VS A15 (4) 1SM 10/57



VS A15 (4) 15M 10/57 

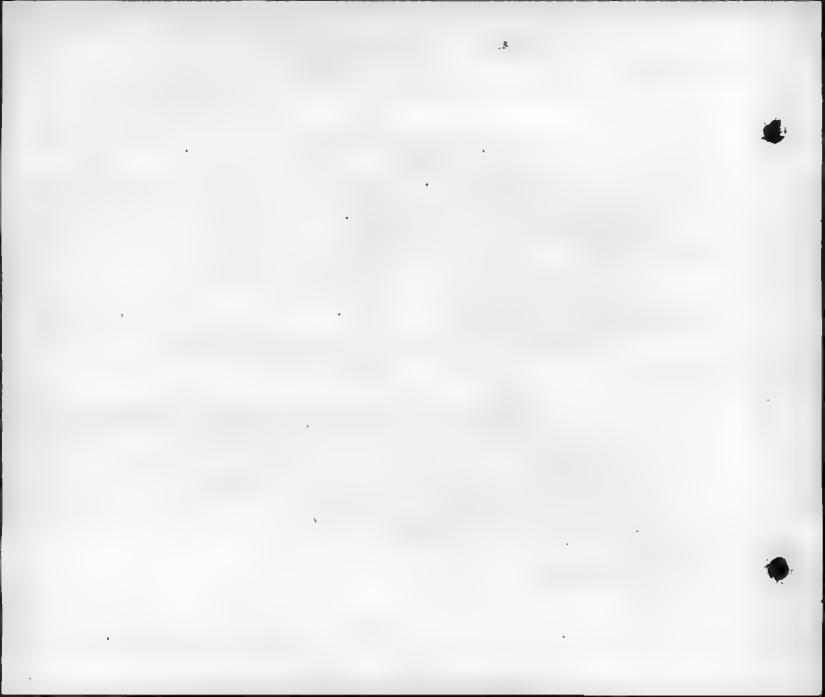
ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEAL	TH-BALTIMORE,	18
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01549

1558 CERTIFICATE OF DEATH

		-	 €.
0.0	Dist	Ma	

									_ ,,,,,		
1 PLACE OF DEATH 0. COUNTY	Baltimore		MARYLAN	- 11	p. STATE	ence (whe		lived. If institu b. COUNT		imor e	dmission)
RURAL and give no	t outside corporate lim corest town) Parkville	its, write	c LENGTH OF STAY IN	1ь		own (if o		rate limits, write	RURAL and	give rearest	fown)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street :	oddress)		d. STREET A	DDRESS					S RESIDENCE
OK INSTITUTION	807 Linwoo	d Ave		- 1	2	2807 1	Linwoo	d Ave.		1	ON A FARM?
3. NAME OF DECEASED	Fi		Middle		Los		4. DATE		nth	Dov	Yeor
(Type or print)		Anna	Α.	Н	oerner		DEATH	Fel	oruary	26.	1959
5. SEX	6 COLOR OR RACE	7 MARR	IED X NEVER MARRIED	B. (	DATE OF BIRTI	Н		9. AGE (In years	IF UNDER		UNDER 24 HRS
Female	White	WIDOWE	DIVORCED	J N	ov. 8.	1892		lost birthdoy)	Months	Days He	ours Min
100. USUAL OCCUPATIO	ON (Give kind of work ung life, even if retired	done 10b	KIND OF BUSINESS OR IN				or foreign co	ountry)	12 CI	FIZEN OF W	VHAT COUNTRY
Housev		"	At Home		]	New Yo	ork			USA	
13. FATHER'S NAME				1	4. MOTHER'S					<u> </u>	
	August Kr	ebs			1	largar	ret K	uslovito	:h		
15. WAS DECEASED EVE	R IN U S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	7. INFO		12.00	- 00 11		dress		
No	it yes, give wor or dates or t	lervice]	None	Joh	n E. Ho	erne	r 280	7 Linwoo	nd Ave		1).
Conditions, if or gove rise to it couse (a), stoting lying couse lost.  Part II OF A CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.	TH WAS CAUSED BY; IMMEDIATE CAUSE (c  DUE TO  Iny, which If the under-  IER SIGNIFICANT CON  SUID RELYING  GAME OF DEATH MEDICAL EXAMINER)	20b. DESCO	Not while	PLACE foctory	OF INJURY (i., street, office	intury in intury in blome, form, bldg., etc.	M, fran	or town)	7, that 1 and on t	ONSET	VAS AUTOPSY ERFORMUS?  S NO (State)  the deceased stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type)					B/	+L-17	MOY	LE, y	6 ph	1	
220. BURIAL, CREMATIO REMOVAL (Specify)		)F	22c NAME OF CEMETER	Y OR C	REMATORY		22d. LOCAT	ION (City, lown,	or county)	7	(Stote)
Burial (Specify)		59	Parkwe	ood				Baltimo	re,	Md.	
23. FUNERAL DIRECTOR	SIGNATURE 1 TUM'S &	tones	7401 Schis	dd	,	240. REC'I	BY REGIST		STRAR'S SIG		
						7777 63 4			a plant y		

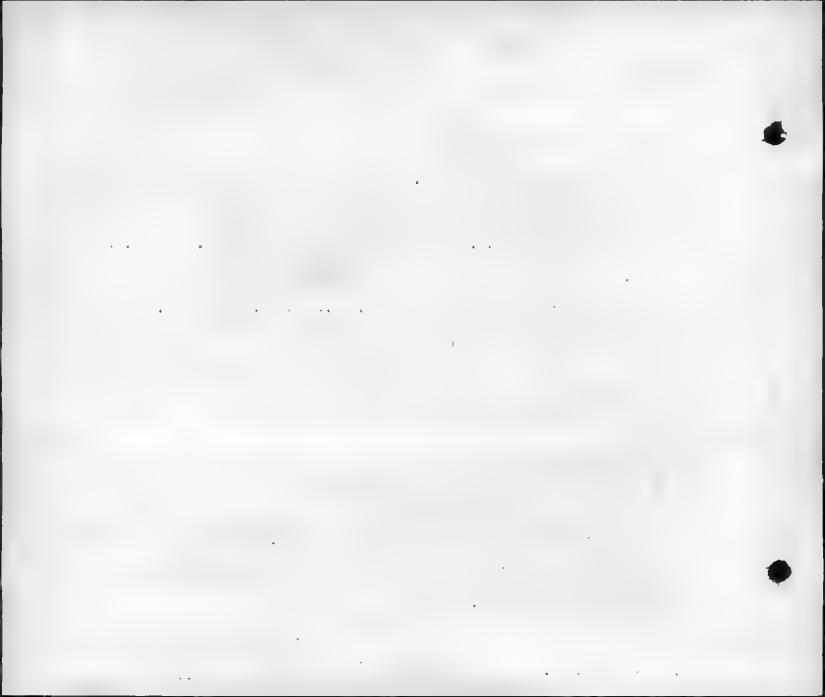


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,4	d in by ungral director,	1 and 2 Sold be filed with		
	apletely fille	ers. Pages 1		
	cian and can	detached for use as the burial-transit permit. Then please remave carban papers	after death.	
	ending physic	lease remave	within 72 hadrs	8
	d by the att	mit. Then p	any event wi	
physician.	OR: After this certificate has been signed by the atte	al-transit per	itrar priar ta burial, cremation, ar remaval, and in any event wi	
r altending p	certificate ho	s as the burio	tian, ar remo	
ne haspital o	R: After this	ached far use	burial, crema	
elding by I.	AL E. TO	hould To	rar priar ta	
may be retained	TO FUNER	page 3 sh	the regist	

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4

3		353	CERTII	FICA	TIE OF D	CALL				Reg. D	list. No		
1 PLACE OF DEATH 6 COUNTY Baltimo:			MARYL		2. USUAL RESID o. STATEMAL	ence (w	here decease		Problem 1	on Reside	ence befo	re admiss	ion)
FOR HON	(If outside corporate lim neorest town) Vard	its, write	15 Days	IN 16	c city or to		outside corpo re (D	ab		URAL and	w h	aresi lowr	4}
d NAME OF HOSE OR INSTITUTION Veterant	PITAL (If not in haspirol.				d STREET AL		ley R	oad					DENCE FARM? NO XX
3 NAME OF DECEASED (Type or print)	WALTI		Middle J.		HOEY		4 DATE OF DEATH	Feb	Mon TUAL		12	, i	Yeor 19 59
5. sex Male	6 COLOR OR RACE White	7. MARE	RIED MEVER MARRIEI ED DIVORCED		September	er 9,	1917	P AGE (	in years rthday) yrs	Months	R 1 YEAR Doys	Hours	R 24 HRS Min
10a. USUAL OCCUPATION OF WAIL Mail Mai	ITON (Give kind of work orking life, even if retired A	n r	S.Govt. Pos								S.A		COUNTR
13. FATHER'S NAME John W.					Mary L		NAME / #						
Yes no or value of Yes	VER IN U. S ARMED FOI	CES? 16	SOCIAL SECURITY NO.		n.Rec.,	7et.A	ldri. Ho	spita	Addi 1,Ft		ward	Mar	yland
	ony, which immediate g the under-	HOI	ne for (o), (b), and (c).]								ON	ERVAL BE	DEATH
PART II. O	THER SIGNIFICANT CON	,	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THETERM	INAL DISEAS	SE CONDIT	ION GIV	EN IN PA	RT 1(o) 1	9 WAS PERFO	RMED?
	VAS UNDERLYING  IG CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	, (Enter noture af	injury in	Part f or Par	rt II of iten	18.)				
20c. TIME OF INJE Hour o, m p. m		or 20d II While at wor	Not while	20e. PLA fact	CE OF INJURY (H ary, street, office	ame, farm bldg , etc	) 20f (Cit)	y or town)			(County)		(\$lote)
21. 1 certify axyexiox XX	that Lattended the	deceas	ed from Januar XXXX, and that	death	3 1959 occurred at a	2:LOF	ADDRESS (S	m the co	iuses q	nd an I	the do	le state	ed above ATE SIGNE
		IN, M					The second spin	*				*	
220. BURIAL, CREMATI REMOVAL (Specif Burial		59	Baltimore			em.	Balt:	tion (City		r county)	nd	(State	e)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS 6009 Harfo	ord F	Rd.		D BY REGIST		ib. REGIS	TRAR'S SI	GNATU	RE	



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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved If institution: Residence before odmission) a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. C TY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn) RLRAL and give nearest tawn) Maryland Line WSON e. IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS YES NOT NAME OF First Middle 4. DATE Manth Year Last DECEASED OF DEATH (Type or print) IF UNDER LYEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 9. AGE (In years last birthday) MARRIED A NEVER MARRIED Months Days Hours DIVORCED [7] WIDOWED [ yes fare an country) 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if relired) OUSEWISE 13 FATHER'S NAME Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17-INFOR owaon CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. INCI-RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PART II OTHER SIGNIFIGANT CONDITIONS PERFORMED? YES TO NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20d INJURY OCCURRED (State) (Caunty) factory, street, affice bldg., etc.) Haur a.m. While Not while at work at work p m Ebruary 21 1959, that I lost sow the deceased 21. I certify that I ottended the deceased from COCETTENIO, 1958 olive on Pelzuar and that death occurred at M. from the couses and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City\_town, or county) (State) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE **ADDRESS** -7 2 / much

TO FUNERA page 3 sh VS A15 (4) 15M 9/55

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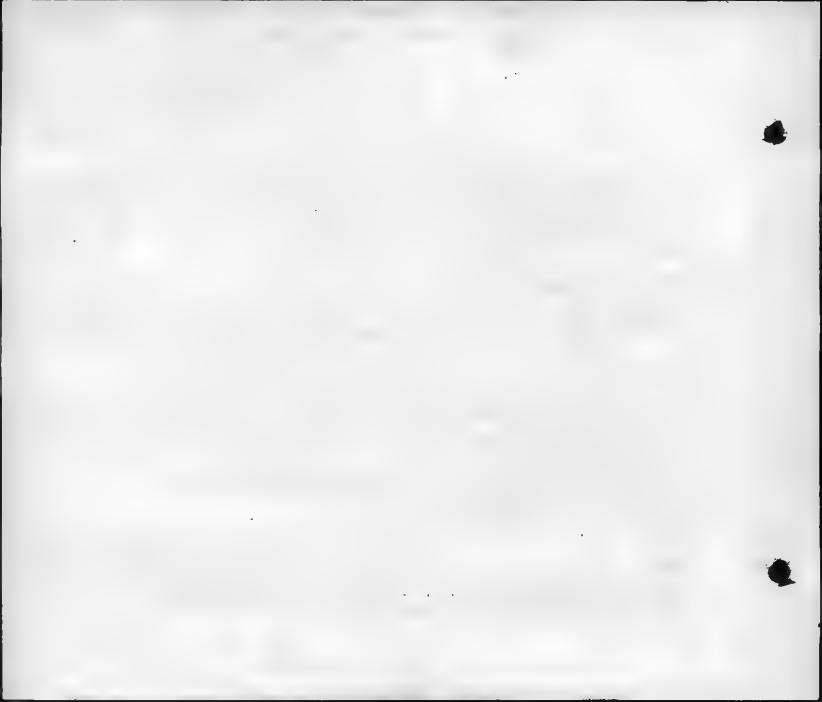
61 CERTIFICATE OF DEAT

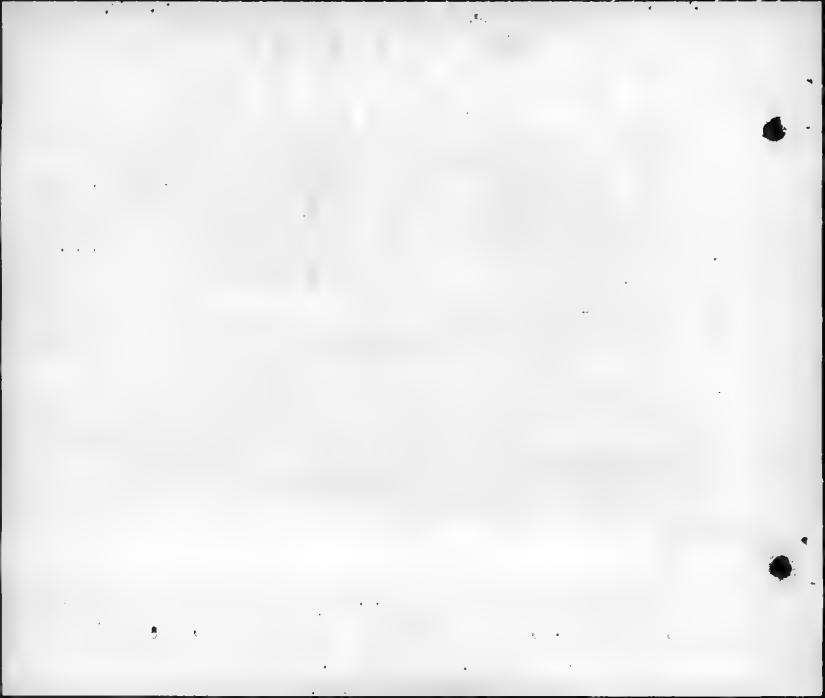
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	Li	061	CERTIF	ICA	TIE OF DEATH		Re	eg. Dist.		LOUN
1. PLACE OF DEATH  O COUNTY					2 USUAL RESIDENCE (Who	ere deceased liv		Residence b	sefore adm	ission)
В	altimore		MARYL	AND		yland	b COUNTY	Harf	ord	
b. CITY OR TOWN (II RURAL and give no	foutside corporate limit grest town)	ls, write	c. LENGTH OF STAY II	ч 1ь	c. CITY OR TOWN (IF or	utside corporate	limits, write RURA	L and give	nearest for	wn) 🗸
Catons	ville		lmth23dys		Havre de	Grace,	Maryland	1	) (	
d NAME OF HOSPIT	AL (If not in hospital, g	ive street o	oddress)		d STREET ADDRESS				e. 15 RI ON	ESIDENCE A FARM?
SPRING GRO	V. STATE	H03P	ITAL		614 GreenS	treet			YES	NO I
3 NAME OF DECEASED	Fire	st.	Middle		Lost	4. DATE OF	Month		Doy	Year
(Type or print)	Flore		Etta		Holly	DEATH	Februar		e a el se	19 59
5 SEX			TED NEVER MARRIED		B DATE OF BIRTH			onths Da		
female 100 USUAL OCCUPATION	White	WIDOWE	Total Principles		May 17, 1874			12 (17176)	N OF WALL	AT COUNTRY
housewi	ng life, even if retired)	PORM PUB.	VIND OF BUSINESS OR	INDUS	Marylan	a Marz	hag Weir		S. A.	
13. FATHER'S NAME	man Ho	2 Lace -	ummora		14 MOTHER'S MAIDEN N					
Unknown		4277			Unknow	n				
	RIN U.S. ARMED FORG If yes, gave wor or doles of se	Ervice!	SOCIAL SECURITY NO.	_	FORMANT	0.000	Address	****	Tm.	
no			nknown	He	cords: SPRIN	G GROV	E STATE	HOS	TTAL	1
1	TH [Enter only one col TH WAS CAUSED BY:	-			m2 m				INTERVAL I ONSET AN	
1 1	IMMEDIATE CAUSE (o)	00	ronary thro	MIDO	\$15					
4-20.1	DUE TO	Ann	tamingolomo	+*^	cardiovascul	em dian	0.50			
Conditions, if or gove rise to it	nmediate (D)	17.1	cer roacher c	, 010	Cardiovascur	ar are	ase			
couse (a), stoling (	he under DUE TO	Ge	neralized a	rte	riosclerosis					
	ER SIGNIFICANT CONE				NOT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVEN	IN PART 1(	a) 19 WAS	S AUTOPSY
PART II OTH  OR ACCIDENT WA  OR CONTRIBUTING  OF CONTRIBUTING  OF CONTRIBUTING									YES T	FORMED?
200 ACCIDENT WA	S UNDERLYING [	20b. DESC	RIBE HOW INJURY OC	CURRED	). (Enter nature of injury in P	orl I or Port II	of ilem 18 )			3 (3
	CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJURY Hour o. m.	f Month, Doy, Yeo			De PLA	CE OF INJURY IHome, farm.	20f (City or	tawn)	(Covi	nty)	(Slote)
Hour o.m.	19	While of work	Not while	TOC	lary, street, affice bldg., etc ]					
21. I certify th	at I attended the	decease	ed from Apri	1 1	8 1958 to F	eb. 25	19_ <u>59</u> ,#	ant Liasi	t saw the	e decens
	Feb. 25	19 5			occurred at 9:30p	M. from t	he couses and	on the	date sta	ted above
2	n	0	/				, city or town, state			DATE SIGNE
ACTUAL SIGNATURE	rual R	ava	waxar		A.D. SPRING G	ROVE S	TATE HO	SPITA	L 2-	26-59
PHYSICIAN'S NAME (Type)	Bruno I	Radau	skas, M. D.		Catonsvil	le 28,	Mary land			
220 BURIAL CREMATION	3/1/59	F	22c NAME OF CEMET	ERY OF	CREMATORY	Man (	Petaller	ounty)	Ma	ole)
23 FUNERAL DIRECTOR	SIGNATURE	-1	ADDRESS IN		M / 24a. REC'D	BY REGISTRA	24b. REGISTRA	R'S SIGNA	TURE	
Lucia	cos ( ahr	1/0	mude our	4	IN O DAMEAR	2 '59	· * **	2 11.	14	

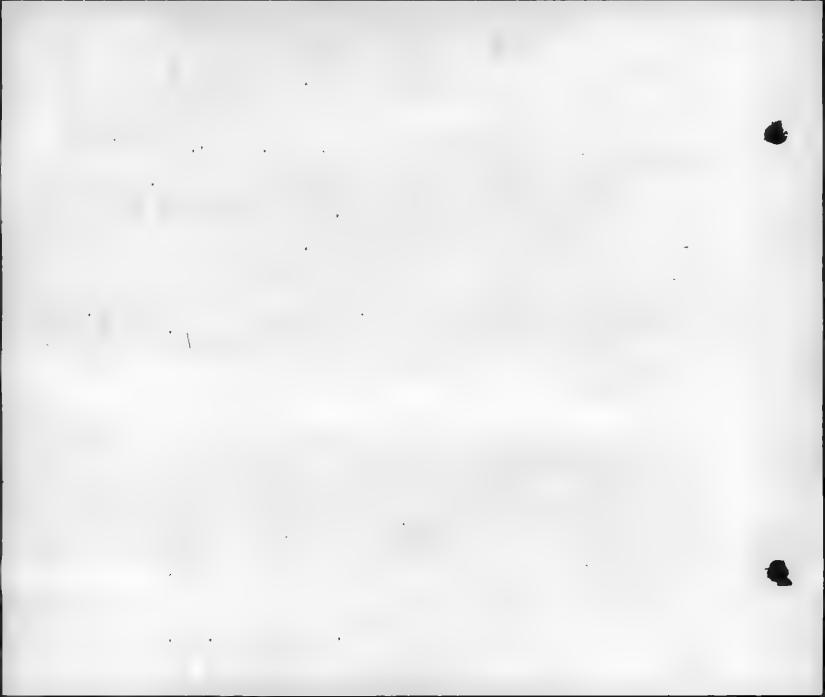
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 funeral director, nould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retry by the haspital ar attending physician.

TO FUNERAL TOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transis permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55





* ,	Ť.	PLACE OF DEATH COUNTY Bal	timore		М	IARYLAND	2 USUAL RESIDE	ENCE (Whe	re decease	d lived. If ins b. COU	stitution JYTY	n Res deno	ce before	odmiss	on)
		B CITY OR TOWN I RURAL and give of TOWS ON	If autside carparate fimi earest town)	its, write	c LENGTH OF S	TAY IN 16	c. CITY OR TO	OWN (If ou		rote limits, wi	rite RU	RAL and g	give near	rest (Own)	
7.		OR INSTITUTION	TAL (If not in hospitol, g				d. STREET AD		t. Pa	ul St.			e	IS RES	EARM?
	3	NAME OF DECEASED (Type or print)	fir MA	al LRY		iddle ICE	lost ĤOŔÎ\		4. DATE OF DEATH		Month		Doy 25		eor 9 59
6	\$.	female	white	7. MARRI WIDOWE	· <del>-</del>	ARRIED ARCED	Nov. 2,		7	9. AGE (In your lost birthd	ioy}	Months	T YEAR Days	Hours	R 24 HR Min
death.	10	during most of wor	ON (Give kind of work king life, even if retired	done 10b. I	KIND OF BUSINE	SS OR INDUS	TRY 11 BIRTHPLA	CE (Stole o	r foreign c	ountry)		12. CITI	IZEN OF	WHAT	COUNT
carbon   after de	13	FATHER'S NAME					14 MOTHER'S	MAIDEN NA	AME			-1			
hours		George Ho	rn R IN U. S. ARMED FOR	Csea lay	SOCIAL SECURITY	110 13 16	CE	arolir	ne Ke	lly	4.1.1				
동모		Yes, no. or unknown)	(If yes, give war or dates of s		SOCIAL SECURIT	NO II	ALCIKIMANI				Addre	55			
C N T	- 11	no				Ma	re. Georg	re Nec	dham	- Tasth	20 17	rill a	Me	-1	
Then please re-			ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Me	te for (a), (b), and		s George	o Va	edham I	- Luth	ise .	ville	INTE	TAND	WEEN DEATH
nd in ony event within 22		IB. CAUSE OF DE.	ITH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Iny, which (b) mmediate the under-	ye.	complete for (o), (b) and		s Cardi	io Va	edham	Luth	ise	ville	INTE	RVAL BET	WEEN DEATH
tronsit permit. The	2 NOITANI	IB. CAUSE OF DE.  PART I. DE.  L. 2. 1  Canditians, if c gove rise to i cause (a), stating lying cause last.	ITH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Iny, which of the under-  HER SIGNIFICANT CON	y He	compen In	teris	Saide Oleron	is Va	rolu	lan O	lise	ave	ONSE	ET AND	UTOPS
transit permit. The	CERTIFICAT	IB. CAUSE OF DE.  PART I. DE.  Conditions, if c gove rise to icouse (o), stating lying couse lost.  PART II. OT  20a ACCIDENT W. OR CONTRIBUTING [IF EITHER, NOTIFY]	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Iny, which mmediate the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS CO	COMPLUTING TO	TELES  DEATH BUT	NOT RELATED TO 1	THE TERMIN	IAL DISEAS	E CONDITION	I GIVE	ave	ONSE	WAS A PERFOR	UTOPS)
tronsit permit. The	MEDICAL CERTIFICATION	IB. CAUSE OF DE.  PART I. DE.  Conditions, if c gove rise to icouse (a), stating lying couse lost.  PART II. OT  20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Iny, which mmediate the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS CO	ONTRIBUTING TO	DEATH BUT	ochiosi	THE TERMIN injury in Po	IAL DISEAS	E CONDITION	I GIVE	N IN PART	ONSE	WAS A PERFOR	UTOPS)
transit permit. The	3	IB. CAUSE OF DE. PART I. DE. Canditians, if c gove rise to i cause (a), stating lying couse lost. PART II. OT  20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p. m.  21, I certify the of the country of t	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Iny, which the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yee	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO 10. (Enter nature of ACE OF INJURY INtory, street, office to 19.47.	THE TERMIN injury in Po	IAL DISEAS	E CONDITION  I II af item 18  or town)	N GIVE	N IN PART	INTEL ONSE	WAS A PERFORMENT WEST AND WAS A PERFORMENT WEST	UTOPS:
tronsit permit. The	3	IB. CAUSE OF DE. PART I. DE. PART I. DE. Canditians, if c gove rise to cause (a), stating lying cause last. PART II. OT  20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. m. p. m. 21, 1 certify the contribution of the contribution of the cause	ATH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO Iny, which the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yee  19	DITIONS CO	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO 10. (Enter nature of ACE OF INJURY INtory, street, office to 19.47.	THE TERMIN injury in Po	IAL DISEAS	E CONDITION  It II af item 18  or town)	N GIVE	N IN PART	INTEL ONSE	WAS A PERFORMENT WEST AND WAS A PERFORMENT WEST	UTOPS:



VS. AT5ME(5) SM 9/S5

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01555

- E-		
1	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	MARYLAND MARYLAND	o. STATE MO b. COUNTY BALTC.
	b. CITY OR TOWN (If outside corporate limits, write RUEAL LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	ond gas accent town)	FESSEX
.  -	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	168 WILTSHIRE PD (D)	168 WILTSHIRE IPD VES NO
3	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) THERESA F 46	ORNER DEATH FEB. 16 1957
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE  In years   IF UNDER 1YEAR   IF UNDER 24 HRS.
	TENIALE MAITE WIDOWED DIVORCED []	10-22-88 Months Days Hours Min.
10	On. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	
L	during most of working life, even if retired)	BALTIMORE
- 1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	PHILIP PEACOCK	MARY DAVIS
Ī	Yes no principality ) (if we are not of date of service)	SFORMANY Address
	RL	TH WILLIAM SON 168 WILT SHIRE RD
F	18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  OKO NBRY	Oce Lusion
	420.1 DUE TO	
	Conditions, if ony, which)	
	gove rise to immediate cause	
	(o), stoting the underlying DUE TO	
-   2		TOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
CEPTICICATION		PERFORMED?
EDTIE	200. EXTERNAL CAUSE WAS 20b. DESCRIPE HOW INJURY OCCURRED LE	meet neture of injury in Port I or Port It of item 18.)
1		
MEDICAL	20c. T.ME OF INJURY Month, Day, Year 20d INJURY CURRED 20e. PLACE White Not while of work of work	2E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	21, I certify that I taak charge of the remains described about	ve, held an Autopsy . Inspection I Inquiry and find that
		cide, Homicide
	100-0	July Homiciae , onderstance educe
	SIGNATURE 10/30 aus	_M.D. CHIEF MEDICAL EXAMINER []
	EXAMINER'S M. B. DAYLE M.)	ASS STANT MEDICAL EXAMINER []
	NAME (Type)	DEPUTY MEDICAL EXAMINER 7
12	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)  BL31AL 2-18-54 PARK WOOD	CREMATORY 22d. LOCATION (City, town, or county) / (Stote)
2	BL SIAL 2-18-54 PARK WOOD  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SBOWNTURE
	10 ly . Ol, 41879 tu . Al	
2	John J. Connecy 710 Casiera Cie	CH. (21) DATEER 19'59



3. NAME OF

5. SEX

DECEASED

Male

13. FATHER'S NAME

YES

(Type or print)

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMOR	E, 18
1565	CERTIFICA	ATE OF DEATH	6
1. PLACE OF BEATH o. COUNTY  Baltimore	10001100110	2 USUAL RESIDENCE (Where deceased lived. If tr a. STATE b. CO	
b. CITY OR TOWN (If outside carporate fimils, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside corporate limits, v	rrite RUR
Fort Howard	29 Days	Baltimore	3 V
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	
Veterans Administration	Hospital	613 Springfield Avenu	i de

Farst

6 COLOR OR RACE 7 MARRIED NEVER MARRIED

WIDOWED [7]

JOHN

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN

15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO [Yes, no or unknown] | [If yes, give war or dates of service]

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]

DUE TO

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

RIGHT MIDDLE CEREBRAL THROMBOSIS WI'

Day, Year

21. I certify that attended the deceased from January

ROBERT M. POSKE. M.D.

226 DATE THEREOF

Feb

White

during most of working life, even if retired)

JOHN W. HORTEN.

PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Mail Carrier

Conditions, if ony, which

gove rise to immediate

couse (a), stating the under-

20c. TIME OF INJURY

ACTUAL SIGNATURE

PHYSICIAN'S

220 BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Hour o.m.

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Middle

DIVORCED |

U.S.Post Offic

ARTERIOSCLEROTI

206. DESCRIBE HOW INJURY OCCU

While Nat while at work

22c. NAME OF CEMETERY

20d INJURY OCCURRED

25,1959 Holy Redeem

John A. Moran Funeral Home, 4201 York Rd. Balto. Md. DATE

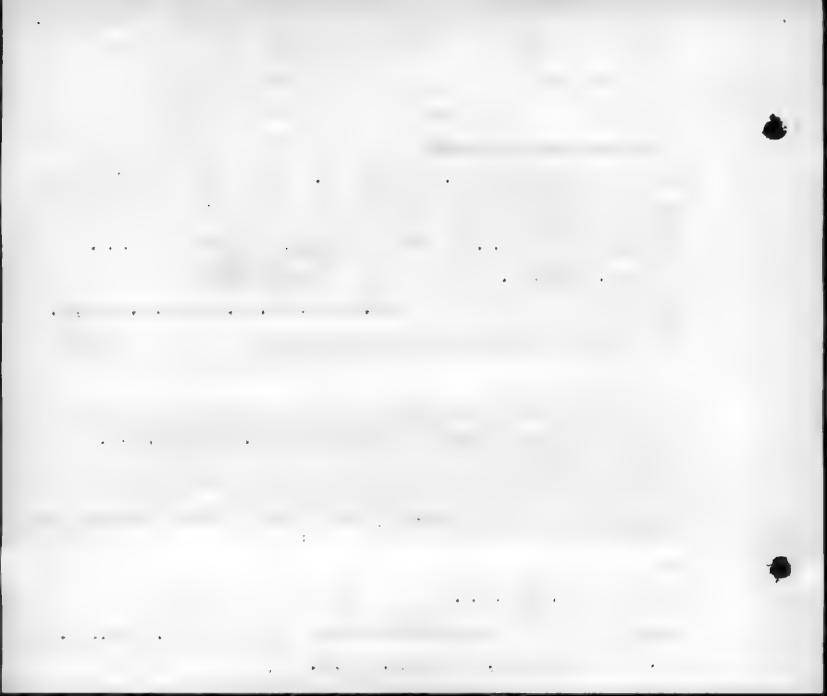
HO

20e.

İ	N	1	5	5	6	

7	ATE OF DEATH	1				٠.	IJU	U
# P	ALE OF DEATE				Reg. Dist	. No.		
1	2 USUAL RESIDENCE (Who a. STATE Maryla		d lived. If m b. COL		n Residence	befo	re odmisi	ion)
3	c CITY OR TOWN (IF a	utside carpo	rate limits, wi	ile RL	JRAL and gi	ve nec	rest lawr	
	Baltim	ore		3	Vo!	- £	<i>(</i>	
	d. STREET ADDRESS					T		DENCE
	613 Spring	field	Avenu	9			YES [	FARM?
	Last	4. DATE		Mont	h	Dα	у	Year
T	EN, JR.	DEATH	FEBR	JAR	Y 2	1		1959
	8 DATE OF BIRTH		9. AGE (In y	ears	IF UNDER 1			ER 24 HRS
	9/20/86		72	yrs	Months [	oys	Hours	Min.
DU:	TRY 11 BIRTHPLACE (State	or foreign c	ountry)		12 CITIZ	EN O	F WHAT	COUNTRY
	Baltimore	. Mar	yland		U.S	5.A		
	14. MOTHER'S MAIDEN N	AME T.T.T	NGHA U	e e				
	JULIA E	<b>TXXX</b>	KOUSE	Ų.				
Į.	NFORMANT			Addr	ess			
1	n.Records, Vet	s.Adm	Hospi	al	.Ft.H	Wa	rd.M	d.
						INTE	RVAL BE	DEATH
,	HEART DISEASE					UN	KNOW	N
	NOT RELATED TO THE TERMIN						PERFO	AUTOPSY RMED?
	LEFT HEMIPLE				S.BIL	LT,	YES	NO K
REI	). (Enter nature of injury in P	ort I or Par	t 11 of item 18	)				
01.	CC 05 11 11 10 11 11 11 11 11 11 11 11 11 11	Tank						
fac	CE OF INJURY (Home, form, tary, street, office bldg., etc.)	201. (City )	or town)		(Co	unty)		(\$late)
2	3, 19 <u>59, to Fe</u> l	bruar	7_21, 12	9_	, Katolia	J.C.	10.0E	P0+0+
th	occurred at 6:45	PM, fran	n the caus	es ai	nd on the	dat	le state	d above.
			lreet, city or to					TE SIGNED
_/	w D						2/2	1/59
_	VAH. FORT	HOWAR	D. MARI	LA	ND			
0	R CREMATORY		TION (City, to				(Stote	:)
r	Cemetery	1130	Belair	Rd	. Balt	-0-	. Md	

VS A15 (4) 15M 10/57





		MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER	'S CERTIFICATE OF DEATH 11558
HEALTH DEPT.		1568	Reg, Dist, No.
MEALIN DEFI.		LACE OF BEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
Poge Hes.		1) a Stimble Country MARYLAN	
ここチ	b	CITY OR TOWN (I outside corporate I mils, write RURAL ond give meanest lawn)	c CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)
TO MA	_	Loch Raven (Rural)	Idlewydle, Beltimore 12 2 V
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e is reliden.  ON a Farm
്മ് ചെല്		2425 South West Road	1218 Limit Avenue YES NO
ed to	3. 1	NAME OF First Middle	Lost 4. DATE Month Day Year
e e		Type or print) Janif E Nalbyndebsim	7/ Jabnosky DEATH 2 - 28 1953
£ 5	5. 5	EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	
SCIDE STATE	먑	emale White widowed by vorced	Feb. 6,1927   Soli berthday)   Months Doys Hours Min
2 K	10a.	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
5.5	A	sst. Underwritter U.S.F.& G. Co.	Maryland USA
5 4		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7		Otto A. Jabnosky	Mary White
7	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	, INFORMANT Address
	N	no, of unknown]	Otto A. Jabnosky, 1218 Limit Ave., Belto. 12
T.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) ]	INTERVAL BETWEEN CHISET AND DEAT
a de			conoxide Poisoning ONSET AND DEATH
di, d		0721	propae 1012ming
110 20 20 20 20 20 20 20 20 20 20 20 20 20		Conditions, if ony, which)	
ē		gave rise to immediate cause	
Ď,		(a), stoling the underlying DUE TO	
6			T NOT RELATED TO THE TERM NAL DISEASE CONDIT ON G VEN IN PART 1(0) 19. WAS AUTOPS
DE O	CERTIFICATION	TRATE OF THE STORM CONDITION OF THE STORES TO SEATT OF	PERFORMED?
515	5	206. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED	YES NO.
	ERT	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	(Enter nature of injury in Part I or Port II of item 18.)
			ALPE OF IN HIRV III I
0	MEDICAL		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State actory, street, office bldg., etc.)
	¥	p. m. 19 of work of work	
L		21. I certify that I taak charge of the remains described a	bove, held an Autopsy [], Inspection [X], Inquiry [X], and in m
en		apinian death resulted fram: Natural causes 🔲, Acciden	, Suicide , Homicide , Undetermined manner
5		11/2 1/2	
		SIGNATURE William V Breedy	M.D. CHIEF MED CAL EXAMINER
g g		TV A TABLE PARTY OF THE PARTY O	ASSISTANT MEDICAL EXAMINER \$ 3-1-59
of d		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER
\$5 100	220	BURIAL, CREMAT ON, 276 DATE THEREOF 22c. NAME OF CEMETERY	
ō	Bu	rial Mar. 3,1959 Moreland fem	orial Park Parkville, 'd.
2°	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

John Burns' Sons, Towson, Maryland

VS. AISME 5M 2/57

240 REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

ON A FARM? YES NO Yeor

12. CITIZEN OF WHAT COUNTRY?

Ave., Belto. 12,Md. INTERVAL BETWEEN ORSET AND DEATH

and in my

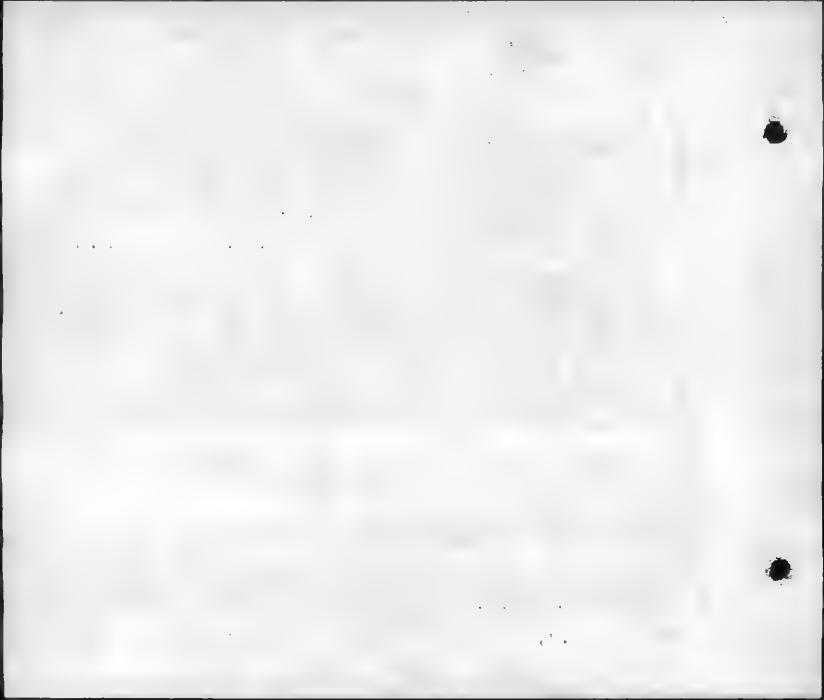


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VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
Baltimore MARYLAND	a STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (1 outside corporate limits, write RURAL ond giver garest town)	c. CITY OR TOWN (if autside carporate limits, write RURAL and give nearest lown)
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIL N E
816 Hyde Park Road - 21	816 Hyde Park Road - 21
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) CLARA	JACKSON DEATH February 13 1959
5. SEX 8 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE Illa years  IF UNDER 1YEAR IF UNDER 24 HRS
Female Colored WIDOWED DIVORCED	March 8, 1894 64 yrs Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if refired)	RY 11. BIRTHPLACE (State as fareign country) 12 CITIZEN OF WHAT COUNTRY
Housewife Domestic	Baltimore, Md. U.S.A.
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
William Edward Roles	Isabell Thomas
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	IFORMANT Address
	nida Robinson, 23 S. Dallas St., Balto.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  A C O T Discourse	INTERVAL RETWEEN ONSET AND DRATH
IMMEDIATE CAUSE (a) A-D-U- V DI BORBO	
Ly La. / DUE TO	
Ganditions, if any, which agave rise to immediate cause	
(a), stating the underlying Due 10	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELAYED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
13	YES NO IX
PRIMARY LI BY CONTRIBUTING []	nter nature of injury in Part I ar Port II of item 18 )
20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE   Not white at work   at work   at work	CE OF INJURY (Hame, form. 20f (City or town) (Caunty) (State) ary, street, affice bldg., etc.)
21. I certify that I took charge of the remains described abor-	ve, held an Autopsy [], Inspection [c], Inquiry [x], and in my
opinion death resulted from: Natural causes X. Accident	, Suicide , Homicide , Undetermined manner
ACTUAL MAS DACMA	DATE SIGNED
SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Melvin B. Davia, M.D.	DEPUTY MEDICAL EXAMINER February 16, 1959
220. BUR AL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY-OR	
Burial Feb. 17, 1959 Mount Auburn 6	emetery Baltimore Meryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LOOD,	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1 ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	TY WADATE -1/16 B 7 Y / 3/ Finh I. K. K. A.



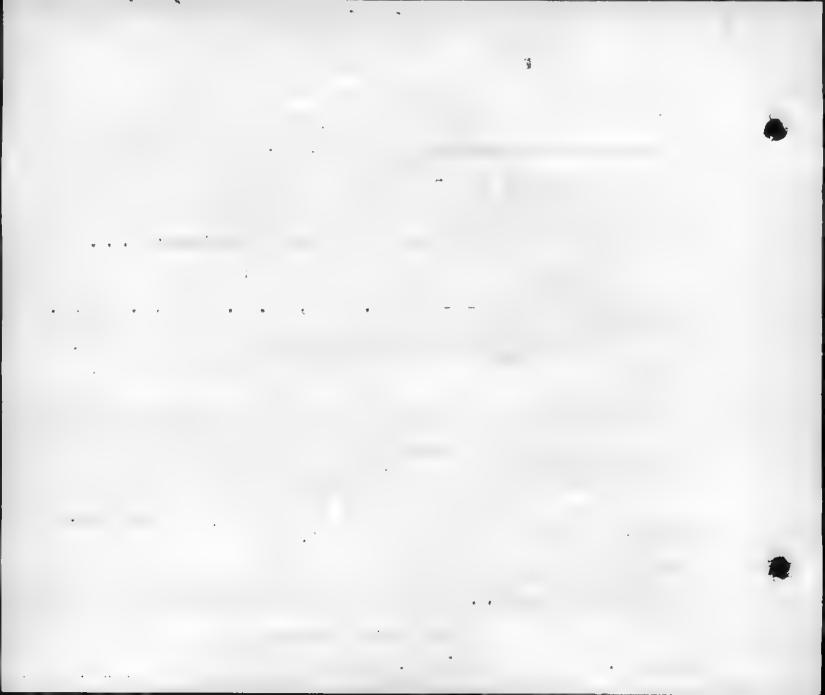
VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1568	CERTIFICATE OF DEATH	

01560

							Keg.	Dist, No.	
1. PLACE OF DEATH o. COUNTY Balti	more	MAR	YLAND 2	O. SIMIE	ENCE (Whe		I If institut on Residue COUNTY	dence before	e admission)
b. CITY OR TOWN (if autside car RURAL and give nearest town)	porole limits, write	c LENGTH OF STAT	Y IN 1b	c. CITY OR T	OWN (If ou	tside corporate li	mits, write RURAL or	nd give near	rest fawn)
Fort Howard					Baltin	ore	3/	VO1 -	,*
d. NAME OF HOSPITAL (If not in OR INSTITUTION	haspital, give street	oddress)		d. STREET AL				e	IS RESIDENCE ON A FARM?
Veterans Admini	stration	Hospital		2	303 W.	Lafaye	tte Avenu	. 9	YES 🔲 NO 🍱
3 NAME OF DECEASED	First	Middle	e	Last		4 DATE	Manth	Day	Yeor
(Type or print)	LINWOOD	-	JOH	NSON		OF DEATH	FEBRUARY	24	19 59
S SEX 6. COLOR	OR RACE 7 MARR	IED NEVER MARR	ED   8. D	ATE OF BIRTH		9. AC	GE (In years   IF UNE	DER I YEAR	IF UNDER 24 HRS
Male Color	ed widowi	DIVORC	ED 🔲   4	/4/89		69	t birthday) Manth		Haurs Min.
10a USUAL OCCUPATION (Give kin during most of working life, ever	d of work done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. 8!RTHPLA	CE (State of	r fareign country	12.	CITIZEN OF	WHAT COUNTRY
Houseman		ivate Home	8	Middl	esex (	County , V	irginia	U.S.A.	
13. FATHER'S NAME			14	MOTHER'S	MAIDEN NA	WE			
DAVID JO	HNSON			]	MARY	MN: UNK	NOWN		
15 WAS DECEASED EVER IN U. S. A.		SOCIAL SECURITY NO	D 17 INFO	RMANT			Address		
Yes (Yes, no or unknown) (II yes, give work I	or dates of service)	54-10-0811	Clin.	Record	s,Vets	Adm. Ho	spital,Ft	.Howar	rd, Md.
18. CAUSE OF DEATH [Enter of	only one couse per lir	ne far (a), (b), and (c)	]					INTER	RVAL BETWEEN
PART J. DEATH WAS CA	USED BY BRON	CHOGENIC (	CARCINO	MA OF	RIGHT	LUNG WI	TH		T AND DEATH
11.			ADRENAL						YR.
Canditions, if any, which )									
gave rise la immediate	(b)								
lying couse last.	DUE TO								
,	(c)	**************************************							The second secon
PART II. OTHER SIGNIFIC	ANT CONDITIONS C	ON INBUTING TO DE	ATH BUT NOT	RELATED TO	THE TERMIN	AL DISEASE CON	IDITION GIVEN IN P		PERFORMED?
PART II. OTHER SIGNIFIC	DE DEATH	RIBE HOW INJURY O	OCCURRED (E	nter nature of	injury in Pa	rt I or Port II of	item 18 )		
20c. TIME OF INJURY Month,	Day, Year 20d. It	UURY OCCURRED	20e. PLACE	OF INJURY (H	ome, farm,	20f (City or to	wn)	(County)	(State)
Hour e. m.	79 While of work	Not while	factory,	street, office	bldg., etc.)		•	(,)	(5.510)
					70.0	1	-d -		
21. I certify that Fatten	ded the decease	ed fram <b>Lecen</b>	per_y_	. 19.50	debr	uary 24	, 19 <b>_59.,dac</b>	DOGGE	হ'্ণৰ ভৰ ভৰ-জ'স
202000000000000000000000000000000000000	NAME OF THE PERSON OF THE PERS	COOC, and that	death acc	urred at 1				the date	stated abave
ACTUAL (	4. T.				A	DDRESS (Street, c	ity or town, state)		DATE SIGNED
SIGNATURE LU	4 fleen	)	M.D.						
PHYSICIAN'S	V						*		
NAME (Type) CHIEN W	<u>EI LAN, M</u>	,D.		VAH.	FORT	HOWARD	MARYLANI	0	2/25/59
	TE THEREOF	22c. NAME OF CEM	ETERY OR CRI	MATORY	2	2d LOCATION	City lawn, or county	y)	(State)
Burial 3	3/1959	Baltimore	Nobin:	-2-0-	-	Baltime		rland	
23. FUNERAL DIRECTOR'S SIGNATUR	E 35	- A DIDPECS				BY REGISTRAR	24b REGISTRAR S		
Arlington S. Phil	lips R	utimore 1	roe Sti	reet	DATE MA				
0		T OTHER	1 S TIETT	TOTAL	PAIL		Se 140	41 / 1 11	2 A



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 569 SEDICAL EXAMINER'S CERTIFICATE OF DEATH 01561 Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY Baltimore o. STATE Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write XURAL c. LENGTH OF STAY IN 16 c cITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bradshaw d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARME 15 Chandelle Road Albert's Bar. Pulaski Highway YES NO 3. NAME OF 4. DATE Middle DECEASED OF DEATH 1959 (Type or print) HAROLD JOSEPH February 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED B DATE OF BIRTH 5. SEX 9. AGE (in years IFUNDER TYEAR IF UNDER 24 HPS Months Days Whi.te WIDOWED [ Male DIVORCED [7 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SARMED FORCES SOCIAL SECURITY NO. 17. MEGRMANI 18. CAUSE OF DEATH [Enter only one cause per l'ne for (o), (b), and (c).] INTERVAL BET ALEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Gunshot wound of abdomen IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19 WAS AUTOPSY PERFORMED? NO [" 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING I CAUSE OF DEATH. Shot in abdomen 20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) foctory, street, office bldg, etc.) While of work of work Bradshaw Md. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 , Inspection 🗍 Inquiry and in my apin an death resulted fram: Natural causes | Accident | Suicide . Hamicide X, Undetermined manner **DATE SIGNED ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER TO **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 220 ALRIAL CREMATION, 226 DATE THEREOF 22d, LOCATION (City, town, or county) (State) O 246. REGISTRAR'S SIGNATURE VS A15ME arthur & France DATE



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VS A15 [4] 15M 9/55

Ellsworth Armacost Fa

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1570				

04562

13/11 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a. STATE **L. COLINTY** Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) lvrlOmth3dvs Baltimor d Catonsville d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 3701 Greenmount Avenue HOSPITAL GROVE STATE YES NO T 3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH Alice February 15 19 59 Kellv 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days white female Nov. 15, 1875 WIDOWED | DIVORCED | YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) nurse Ireland Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luke Kelly Jane McQuire 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Unknown Records: GROVE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) رساس Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPSY PERKORMED? YES (7) NO 🗆 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (State) factory, street, office bldg., etc.) Hour a. n. While Not while p. m. at work of work 21. I certify, that I attended the deceased from Jan. 20 \_\_\_\_ 19\_5\_Zthat I last saw the deceased and that death occurred at 22 THM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE GROVE STATE HOSCTTAL ames PHYSICIAN'S Gtonsville, 28, Maryland NAME [Type] 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 2/17/1959 New Cathedral Cemetery Baltimore Marvland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

4600 Liberty Hghts . Avante 1 7 '59



. ,		MARYLAND	STATE DEPARTMEN	T OF HEALTH-BALTIMO	ORE, 18
TH		1571	CERTIFICATI	OF DEATH	R
1	1. PLACE OF DEATH		2 1	USUAL RESIDENCE (Where deceased lived.	finstitution

Reg. Dist. No. 11563

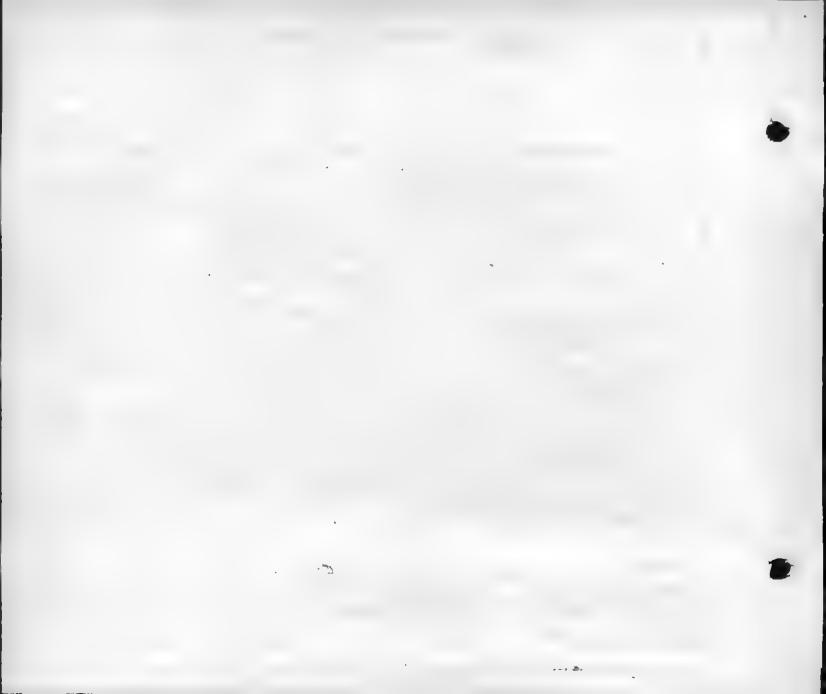
1.	o. COUNTY				2 USUAL RESIDENCE (W	there deceased in		Residence be	efore admiss on)	
ĝ.	Ba.	ltimore	MAR	CIAND	Maryl	and	b COUNTY B	altim	ore	
	B CTY OR TOWN (IF RURAL and give near White Ha	rest lown)	1) 8 mont?	1	White		(rural	At and give	nearest lawn)	
	d. NAME OF HOSPITA	L (If not in hospital, give s			STREET ADDRESS			-	e IS RESIDEN	
	OK INSTITUTION (	Fraystone 1	Rd.		Grayst	one Rd			YES NO	
3.	NAME OF DECEASED	First	Middle	1	losi	4. DATE	Month		Day Yeor	
	(Type or print)	Warr	en Smith	Key	S	OF DEATH	2-	17-59	19	
5.	. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRI	ED B.	DATE OF BIRTH	9,			AR IF UNDER 24	
ľ	nale	white wit	DOWED DIVORCE	D 🔲	8-30-1908	1	0 yn	Months Doy	s Hours /	Min.
10	O USUAL OCCUPATION	V (Give kind of work done	106. KIND OF BUSINESS C	DR INDUSTI	Y 11 BIRTHPLACE (Stot	e or foreign coun	Iry)	12. CITIZEN	OF WHAT CO	UNTRY?
	Asst. For	reman	Tool Mfg.		Maryla	and		U.:	S.A.	
13	. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME				
	Charle	es E. Keys			Clara	A. Brit	ton			
15	WAS DECEASED EVER		16. SOCIAL SECURITY NO	17 INF	ORMANT		Addres	3		
	no	yes, give was as acres of sorvices	212-10-9309	Mr	s. Evelyn	Keys	ai	bove		
	PART I DEAT	H WAS CAUSED BY:	per I ne for (o), (b), and (c)	1	accl				TERVAL BETWE	
Т		IMMEDIATE CAUSE (0)	Colo	ny	acous	in			217	o-cee
Н		14-3.0.1 DUE TO								
	Candilians, if any	mediate (								
н	Couse (a), stating the	le <u>under-</u>								
2		R SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE	ATH RUT N	OT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVEN	LIN PART 1/o	19 WAS ALITO	OPSY
ATIC							0,10,110,110,11		PERFORME	014
IEST	20a. ACCIDENT WAS	UNDERLYING 1 205.	. DESCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Part II	of item 18.)		163 [] 140	<u> </u>
A. CERTIFICATION		MEDICAL EXAMINER)								
MFDICAL	Hour o.m.	, v	20d, INJURY OCCURRED While Not while It work at work		E OF INJURY (Home, for ry, street, office bldg., el		town)	(Couni	(y) (	(Slote)
П	21. I certify the	it,I attended the dec	ceased from F	h-16	1959 10 7	Feb. 17	1059	that Llast	saw the dec	cected
	alive an 7	1.17		death o	occurred at # 19	M from t				
	direction and a second		17	acam c	يود ديو د المحاص		I, city or lown, sto			SIGNED
SIGNATURE CI.M. France MD FARKTON Md 2						2/191	5-9			
		0 -			·		anter e e agadinal	L-W4		/
	PHYSICIAN'S NAME (Type)	H.14.F	RANCE							
2	20. BURIAL, CREMAT ON	226 DATE THEREOF	22¢ NAME OF CEM	ETERY OR	CREMATORY	22d. LOCATIO	N (City, town, or	county)	(State)	
	REMOYALISMEN	2-20-59	Morelar	nd Me	morial		or Ave.			Md.
23	LEUNERAL DIRECTOR'S		ADDRESS		24n REG		R 245 REGISTI	RAR'S SIGNAT	URE	
6	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE									

VS A15 (4) 15M 9/55





12			11565 n1565
5		1573 CERTIFICATE OF DEATH	Reg. Dist. No.
	1. F	LACE OF DEATH  COUNTY BALTIMORE MARYLAND  2 USUAL RESIDENCE [Where deceded on STATE MARYLAND]  1 A STATE MARYLAND	ased fived. If institution Residence before admission)  O b. COUNTY 6/170
ノ	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL - ROCKORLE 7/EARS RURAL	rporote limits, write RURAL and give nearest town)
3 m	(	1. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 36 40 MARRIOTT LANE 8029 LIBE	E. IS RESIDENCE ON A FARM? YES NO TO
	- 0	NAME OF First Middle Last 4. DAT OF Type or print)  ANNIE FLIZAREIH KIRK DEAT	Month Day Year
	5. S	6. COLOR OR RACE 7 MARRIED NEVER MARRIED   8. DATE OF BIRTH WIDOWED   DIVORCED   OCT. 5, 1887	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthday) Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  MARYLA	n country) 12. CITIZEN OF WHAT COUNT
	13. TO	FATHER'S NAME  HN HENRY LOOS  AMELIA	DETTMER
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  OF UNANOWN]  (If yes, gave wor or dottes of service)  ONALD  K	K 80334/CEPTY PL ME
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  IR EMIA	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate (b) HIPERTENSIVE CIVI RENAL	L DISEASE SEVENT
		lying couse lost.    CEREBRAL APOPLEXY	5 YEAR
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.	PERFORMED? YES NO
		20s. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jt. 19 Of work of work of work 10 towark 10 towark 11 toward 12 toward 12 toward 12 toward 12 toward 12 toward 12 toward 13 toward 14 toward 15 toward 16 toward 17 toward 17 toward 17 toward 17 toward 18 toward	County) (Stot
		21. I certify that I attended the deceased fram SEPT, 1994, to FEB alive on 2425, 1959, and that death accurred at 2022M, from	26, 1957, that I last saw the decear
			(Street, city or town, state)  DATE SIGN  TY RA-BALTO.7 M& 21261
/		PHYSICIAN'S EDWIN L. PIERPONTMO	
		Burial 3-2-59 Mt. Olive Rand	CATION (City, town, or county) (Stote) dallstown, Haryland
J.		FUNERAL DIRECTOR'S SIGNATURE , ADDRESS / 24g. REC'D BY REG	



buriol, cremotion, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please escribed the certifier within the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded the Cline Medical Examinm's Office along with form PM3. Page 5 may be retained for your files.

TD FUNERAL MINICTOR: Mage 3 should be used as a Burial-transit mermit. File pages 1 and 2 with the registrar process byfield, crempting

ar remaval.

VS. A1SME(S) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01566

Reg. Dist. No.

J	PLACE OF DEATH G. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE //aryland b. COUNTY				
1	b. CITY OR TOWN (if owhede corporate firms, write RURAL and give nearest tower).	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
L	Baltimore	Baltimore 3V01-4				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  o. IS RES DENCE ON A FARM?				
L	It. Howard Vet. Administration	3372 Kamona Avenue YES NOX				
1	3. NAME OF First Middle DECEASED (Type or print) // In Valanh Haward Kr	Lost 4. DATE Month Doy Year OF DEATH Tehnuanu 5th 1959				
	5. SEX   6. COLOR OF RACE   MARRIED NEVER MARRIED   8.	activa Jeonaday Jar iij				
	male white WIDOWED DIVORCED 1	pr. 7, 1889 load in Indiday) yrs. Months Days Haurs Min.				
1	Oc. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
	Retired Electrician	Baltimore, Maryland USA				
	33. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	William Knight	florence M. Rhodes				
	(Yes, no, pr <sub>i</sub> enknown)   (If yes, give year or dates of service)	IFORMANT Address				
L		rs. Agres M. Kright, 3312 Ramona Ave				
1	18. CAUSE OF DEATH [Enter only one couse per line (80' (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (0)	Celles in lomes				
	DUE TO )					
	Canditions, if any, which gave rise to immediate couse	mget Hem 10 mm				
	(a), stating the underlying DUE TO					
	147	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
		PERFORMED? YES NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONT	nter nature of injury in Part I ar Part II of item 18.)				
1		CE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
	Haur a, m. While Not while focts p. m. 19 at work at work	ry, street, affice bldg , etc.)				
1	21. 1 certify that haok charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🔀, Inquiry 🗹, and find the				
	death resulted fram: Natural causes [1], Accident [1], Suid	cide, Hamicide, Undetermined cause				
1	Land le Will Karth					
	SIGNATURE ALL CALLED	_M.D. CHIEF MEDICAL EXAMINER				
	EXAMINER'S ACK ( O ( O ) ( INS	ASSISTANT MEDICAL EXAMINER DE 2-6-5				
7	220. BURIAL, CRÉMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (State)				
	Burial teb. 9. 1959 Holy (ross	(emetery Brookslyn, A.A.(o, Marylan				
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE				
L	Leonard y. Ruck 5305 Harford Road#14 DATE FEB & 50 Com 2. Kings					



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1575

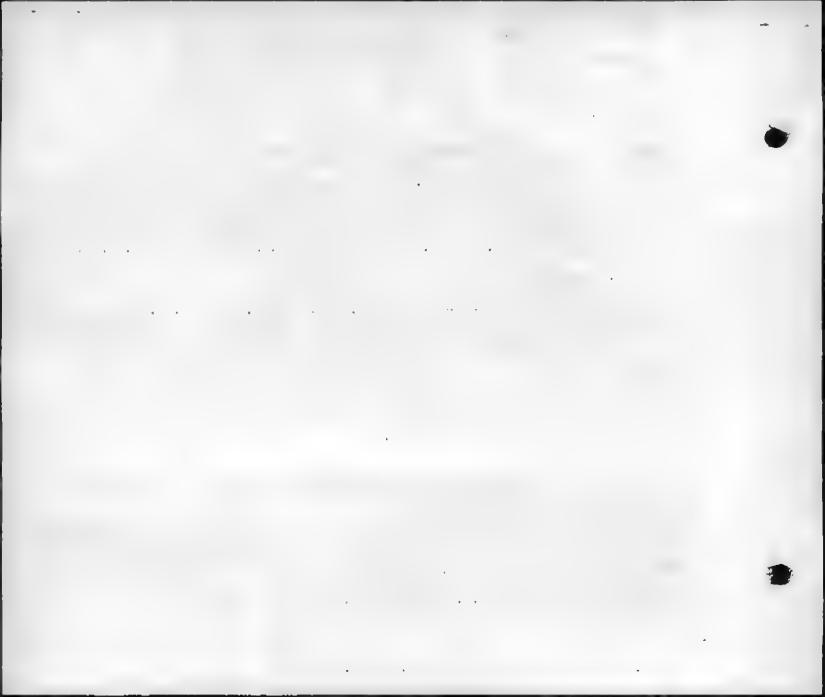
**CERTIFICATE OF DEATH** 

01567

			Keg. I	Dist. No.			
1. PLACE OF DEATH c. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who do state Maryland	ere deceased lived If institution Resid b. COUNTY	lence before adm ssign)			
b CITY OR TOWN (if outside corporate limits, write	c. LENGTH OF STAY IN 16		utside carparate limits, write RURAL on	d give nearest town)			
RURAL and give nearest town) Fort Howard	7 Days	Baltimore	(1) 31	121 500			
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
Veterans Administration		14 West Ree	ed Street	YES NO R			
3 NAME OF First DECEASED (Type or print) JOHN	Middle C.	KNOX	4. DATE Month OF DEATH February	13 19 59			
5. SEX 6 COLOR OR RACE 7 MARI WIDOW		B DATE OF BIRTH	lost birthdoy) Months	ER I YEAR IF UNDER 24 HRS			
10a. USUAL OCCUPATION (Give kind of work done 10b		September 12		ITIZEN OF WHAT COUNTRY			
during most of working life, even if retired)							
Auditor U	S. Govt.	Baltimore	AME LATERIA	J. S. A.			
William F. Knox		Sally Mudge					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. H	NFORMANT	Address				
Yes, no. or unknown] [If yes, give wor or dates of service] 2:	18-10-5939 C	lin.Rec.,Vet.	Adm. Hospital, Ft. Ho	ward, Marylan			
18. CAUSE OF DEATH [Enter only one couse per ii	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: CARDIAC FAILURE  ONSELAND DEATH  ONSELAND DEATH							
420.0 DUE TO ARTERIOSCLEROTIC HEART DISEASE							
Conditions, if ony, which (b)	LICIO OLLINO I LO			UNKNOWN			
couse (a), stoting the under-	ESTINAL OBSTRU	CTION		UNKNOWN			
			NAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19 WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS OF THE CON				PERFORMED? YES NO SE			
	CRIBE HOW INJURY OCCURREN		Part I or Part II of item 18.)				
20c, TIME OF INJURY Month, Doy, Year 20d II. Hour a. m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f (City or town)	(County) (State)			
21. I certify that Fallended the deceas	ed from February	6 . 19.59 , to Fel	muary 13, 1959 stur	introcentresseri			
al <b>recurs</b> consequences con 200							
m	all a		ADDRESS (Street, city or town, state)	DATE SIGNE			
SIGNATURE / Jelan	Christiera	MD. VAH. FORT	HOMARD, MARYLAND	2/13/59			
PHYSICIAN'S MILTON GINSBERG,	+	-	•	7.0,0,			
220 BURIAL, CREMATION, 22b, DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county	r) (Stole)			
Burial Feb. 16, 195	7 Baltimore Na	tional Cemete	rv Baltimore, Mar	yland			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246 REGISTRAR'S				
Henry W. Jenkins & Sons h	905 York Rd. B	alto.Mdd of B	17'59	V 111			

requires that the death certificate be executed within 24 hours after death. Page 4 by the haspital ar attending physician.

CLOR: After this certificate has been signed by the attending physician and campletely filled actions as the burial-transit permit. Then please remove carban papers. Pages 1 opinal to burial, cremation, ar removal, and in any event within 72 haurs often death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low may be retail TO FUNERAL ( page, 3 shauts VS A15 (4) 15M 10/57



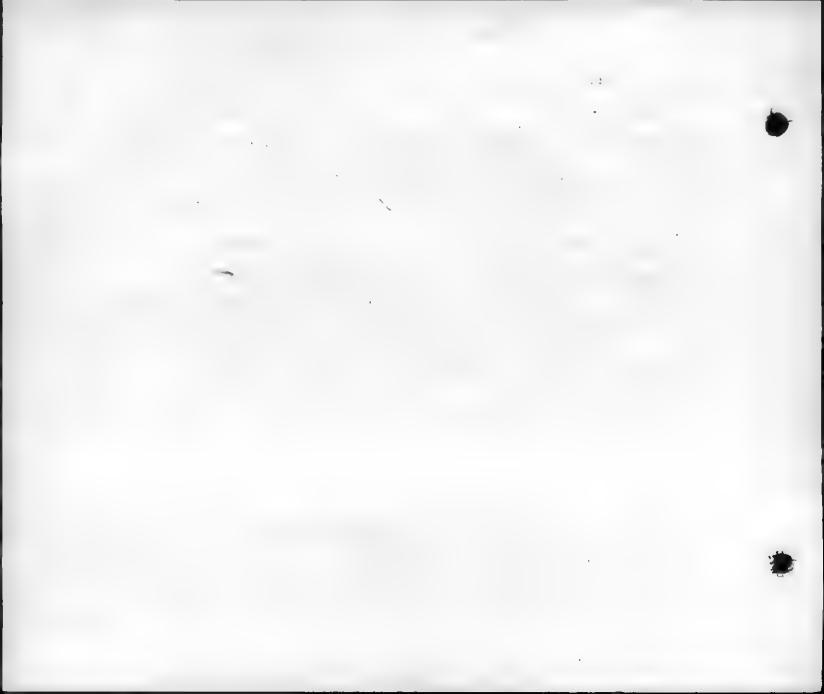
24g REC'D BY REGISTRAR

DATEEB 2 7 59

24b. REGISTRAR'S SIGNATURE

arthur & Kings

VS A1S (4)



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**CERTIFICATE OF DEATH** 

1	1011	Keg. Dist. No.
}	1 PLACE OF DEATH COUNTY Baltimore MARYEAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown)  AN ENURS T	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
ĵ	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6-3-08-10-5-5-00-4	d. STREET ADDRESS 6308 MCSSWAY  6308 MCSSWAY  e. 15 RESIDENCE ON A FARM? YES NO IN
	3. NAME OF DECEASED (Type or print) NILLIAM EDWARD KR	ICKER 4. DATE Month Day Year OF DEATH FEB 5 1959
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED  DIVORCED	9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS left UNDER 24 HRS Manths Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUST during most of working kife, even if retired)  RETIRED	PERTS Mouth Ohio C.S.A.
	13. FATHER'S NAME.	MARGARET, MAIERS
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN 18th no or unknown) 1 (If yes, give war or doles of service) 220-07-1934A	PRSNIM, ADODD Same
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  Aderics claratic  DUE TO	Canto Vascular Disease Interval Between ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (o), slating the <u>under-lying cause lost.</u> (b)  DUE TO	
0		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
		(Enter nature of injury in Parl 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p m 19 of work of work of work	CCE OF INJURY (Home, farm. 20f. (City or lown) (County) (Stole) fory, street, office bldg., etc.)
	21. I certify that I attended the deceased from October alive on February of 1957, and that death	6., 1958, to 1958, to 1958, that I last saw the deceased occurred at 1958 M, from the causes and an the date stated above.
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	ADDRESS (Street, city or town, stole)  DATE SIGNED  L. Chese Se She
1	PHYSICIAN'S Philip D. Flynn M.D.	Ba Himore - 2 Md
	220. BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR BELLIAL FEB 1958 NEW COTTA	CEPTRATORY 22d LOCATION (C-ty, town, ar county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HILL SEMENTS + SONS CO 4905 YORK	POAD DATE 6 59 CATHUR & KINGKA

suid be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or offending physician.

CENERAL CONTROLS After this certificate has been signed by the offending physician and completely filled in by page 3 should for detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR

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VS A1\$ (4) 15M 9/55



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1578

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

01570

<u></u>		kag. Dist. 140.
	PLACE OF DEATH O COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 5. STATE b. COUNTY
-	Mitte Compare	[March 1868 06 1968 187 188
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	trained, R. D. Hal / laps.	Tural- Freeland.
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
L	Mt Carmel Rd.	YES NO
3	NAME OF First Middle	1 Lost 4. DATE Month Day Year
	(Type or print) LURETTA VANE	KROUT DEATH / Librury 18 1959
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of F UNDER 1 YEAR IF UNDER 24 HRS
1	Finale WIDOWED DIVORCED [	Die 10, 1861   Jose birthday) Manths Days Hours Min
100	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
	during most of working life, even if retired)	York County PA. U.S. 17.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	H. W. R. B	(T) 1 st m
1	Ellerge W Derker	Le lingulation di aseneu
	(et. no. or unifrown)   (If yee, give wer or dates of service)	NFORMANT / P//// / Address
L	A'C VV	w. Tineva lestelm togiciland Make
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Carollo UG	iscular Asserse
H	pue TO	
	Conditions, if any, which ) this	
	gave rise to immediate	
Е	luing cours lost	
z	(4)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION	TAIL OF CONTINUES CONTINUES TO VENTILIBRIUM TO	PERFORMED?
		YES NO 19
CERTIF	E 200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED OF OR CONTRIBUTING [] CAUSE OF DEATH () [IF EITHER, NOTIFY MEDICAL EXAMINER]	D {Enter nature of injury in Part I or Port II of item 1B)
13	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,   20f (City or town) (County) (State)
MEDICAL	Hour a m White Not white fac	ctory, street, office bidg., etc.)
3		1940 to 2/18 1959 that Llast saw the deceased
	21. I certify that I attended the deceased fram	The state of the s
	alive an, 19.2.7, and that death	accurred at
	ACTIVAL TO THE TAXABLE AND THE ACTIVAL	ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE 11. M. France	MD 7 Con Krow net -/20/59
L	PHYSICIAN'S A.M. FRANCE	
22		
20	REMOVAL (Specify) FOR 2/1939 MT ZION (	ECREMATORY 22d JOCATION (City, town, or county) (Stale)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/ D 260 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
K	Same Housenalens Hour Hreen	VALUE DATE El 2 4'39 (1" - 2 Entre
-	extraction of the state of the	

VS A15 (4) 15M 9/55



A15ME

5M 2/57

01571

e. IS RES DE "1 ON A FARM?

Year

19

Hours Min.

INTERVAL BETWEEN ONSET AND DEA

> PERFORMED? NO [

> > (Stote)

ond in my

DATE SIGNED

#Stote)

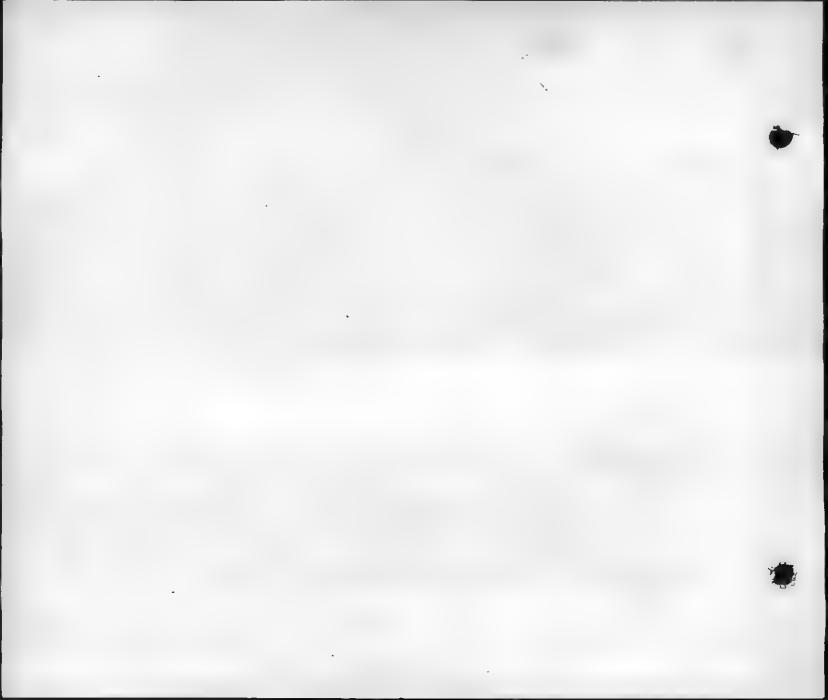
arthur & Krank

Two for One: FilmG239 2-27-59 et

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN I I outside corporate c. LENGTH OF STAY IN 16 c CITY OR TOWN (of outside corporale limits, write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENUE ON A FARM? YES NO to NAME OF DECEASED Stat First Middle 4. DATE Last Year OF (Type or print) DEATH 19 5 5 SEX 6. COLOR OR RACE 7. MARRIED [7] 9 AGE (in years NEVER MARRIED IF UNDER TYPAR IF UNDER 24 HRS moy Months Days Hours Mir. WIDOWED.P 180. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even f retired) Poge ! (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? pages 13. FATHER S NAME 18. Give Pages g with form PM3. 14. MOTHER'S MAIDEN NAME ## ## ARMED FORCES? SECURITY NO 17. INFORMANT more was no dates of service. INTERFAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) long PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) urial-transit 0 Office **DUE TO** Conditions, if any, which gove tise to immediate couse Examiner's **DUE TO** (a), stoting the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY ased PERFORMED? edical NO IA 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II al item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2 ₹ -20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 120f (City or lawn) 20c. TIME OF INJURY Month, Doy, Year ÷ (County) (State) 5 factory, street, office bldg, etc. Haur While of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 19: Inquiry and in my apinion death resulted from: Natural causes 14. Accident Homicide . Suicide Undetermined manner 5 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE shauld be FUNERAL r its design ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22b. DATE THEREON 22d LOCATION (City, Joyn, or county) (State) PEMOVAL (Specify) 7 0 UNERAL DIRECTOR'S ADDRESS 24a. REC'D BY REGISTRAR VS. A15ME

5M 2/57

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	No.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01573

**CERTIFICATE OF DEATH** 1581

Reg. Dist. No.

1. PLACE OF DEATH 6 COUNTY	Baltim	ore	MARYLA	ND	2. USUAL RESI	DENCE (Wh	ere deceased	lived. If instit b. COUN		alti	
b CITY OR TOWN (II RURAL and give ne Catonsv	f outside corporate limits, great town) TITE	write	c. LENGTH OF STAY IN	1ь	c. CITY OR		nsvi.	ote limits, write	e RURAL and (	give neores	t lown)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, giv 1000 W				d. STREET A		lker	Ave			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	FRANCE	SR	LAU		los	if	4 DATE OF DEATH	2/19	759	Day	Year 19
s. sex Female	2.730.4	MARRI	DIVORCED		Sept.2	-		9 AGE (in year			UNDER 24 HRS.
Housew	ON (Give kind of work doing life, even if retired)	_	KIND OF BUSINESS OR II	NDUS		ACE (Stote	-	untry)	f2. CiT	IZEN OF V	WHAT COUNTRY?
13 FATHER'S NAME	154 2 2 4		Matrice		14. MOTHER'S			/ IInla	arm )		
15. WAS DECEASED EVE			Newman	17 B	FORMANT	zabet	h J.	•	ddress		
	lif yes, give wor or dates of sen		none		lice L	. Sta	bler			r Av	е
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART F. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse last  DUE TO  LUCY DEACHTO TO THE TO									AND DEATH		
CATE			ONTRIBUTING TO DEATH						GIVEN IN PAR	1	PERFORMED?
OR CONTRIBUTING	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	OD DESC	ANDE NOW INJOK! OCCI	UKKLD	, (citter notore o	a mjory m r	OIT I OT TUIT	ti or nem 10.j			
20c TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	20d IN While of work	Not while	e. PLA foct	CE OF INJURY ( lory, street, office	Home, form, bldg., etc.	20f (City	or fown)	(C	County)	(Stote)
alive an	ACTUAL E DE LOUIS V. Dealer MD 1014 Drumas Cta - 1 Dulle 27 had										
220 BURIAL CREMATION REMOVAL (Specify)	2/20/5	9	22c, NAME OF CEMETER Loudon	_				ION (Cily, fow)	**		(State)
23 FUNERAL DIRECTOR'S		107	ADDRESS Wilkens A	lve	`	24a. REC'S DATE	B 2 4 5	AR 24b. RE	GISTRAR'S SIC	GNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours VS A15 (4) 15M 10/57



CHIEN WEI LAN. M.D.

2-28-59

Puneral Home

22c. NAME OF CEMETERY OF

Pleasant Va

Westminster MarylandDATE MAR 2

220 BURIAL CREMATION, 225 DATE THEREOF

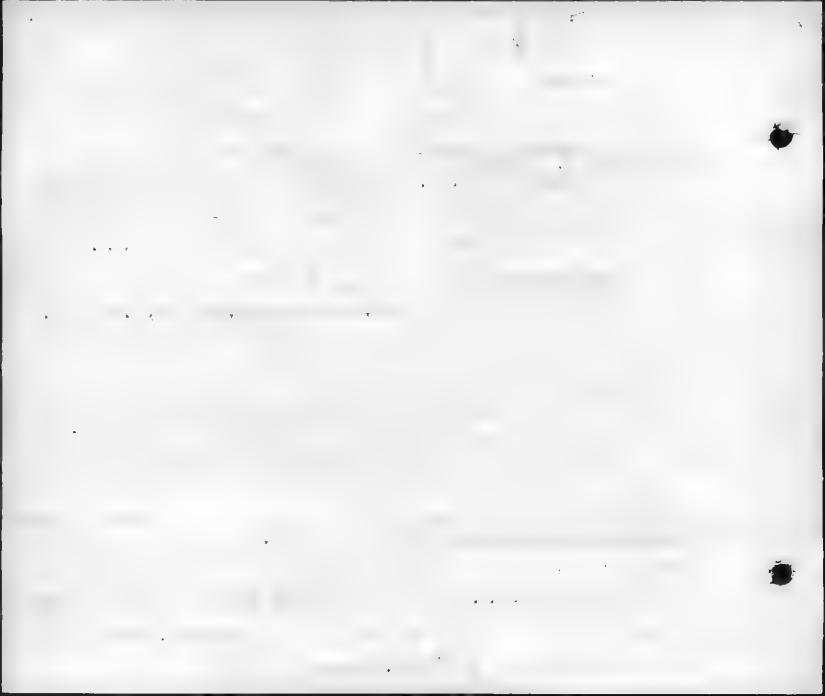
Burial

01574

			Kag.	DIST. MO	,			
2 USUAL RESIDENCE (Wh	ere decease		on Resid	lence befo	re odm s	non)		
Maryle	Maryland b. COUNTY Carroll							
c CITY OR TOWN (If o	utside corpo	orate limits, write Ri	JRAL an	d give ne	arest town	1 V		
Westmi	nster	•	- 0	1	1.			
d. STREET ADDRESS  39 Libert	w S+-	not.			e. IS RES ON A YES	FARM?		
EA THERWOOD	4. DATE	Mani	th.	De		Yeor		
THERWOOD	OF DEATH			25	'7	1050		
DATE OF BIRTH		9 AGE (In years last birthday)	IF UND		IF UND	ER 24 MRS		
8/22/65		93 yrs	Months	Days	Hours	Min		
TRY 11. BIRTHPLACE (State	_		12 (	CITIZEN C	F WHAT	COUNTRY		
Union Mill	s, Mar	yland	Į	J.S.A				
14 MOTHER'S MAIDEN N	IAME							
Mary B	owers							
FORMANT		Addr	ess					
.Records Vet	s.Adm	Hospita	T, TH	Hom	and	Ma		
				LINT	FPVAL DE	TAREENT		
INSUFFICIENC	Y			Te	SS T	han		
ARTERICSCLERO					one hour			
THE THE LANGE THE THE	OTO							
				-				
NOT RELATED TO THE TERMIN	NAL DISFAS	E CONDITION GIVE	FN tN P	APT I/os 1	9 WAS	AHTOPSY		
TO THE PERSON OF	THE DIGENS	2 201011011011011	ET HALL	(KI IJO) I	PERFO	RMED?		
(Enter nature of injury in P	art Lor Port	t tl of item 18 \			YES 🔼	NO 🗌		
terror notore or injury in r	un torror	· ·· or trem re )						
CE OF INJURY (Home, farm,	205 40%					-0.		
ory, street, office bldg., etc.	)   	or Iawn)		(County)		(State)		
<u> </u>	1							
0 , 19 59 to Fet	ruary	25, 1959	, 1570	0,016,016		OF DUE		
occurred at 6:15 I	M, fron	n the couses a	nd on	the do	te state	d abave		
	ADDRESS (SI	treet, city or town, s	itale)			ATE SIGNE		
i.D.								
VAH, FORT	HOWA	RD, MARY	LAND		2/26	/59		
CREMATORY	22d LOCAT	ION (City, laws, o	r county	)	(State	2)		
lley	Wes	tminster	Marr	wlan	4			
	BY REGIST	RAR 24b, REGIS	TRAR'S	IGNATU	RE			

ending & House

may be relai the registrar pode VS A15 (4) 1SM 10/57



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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

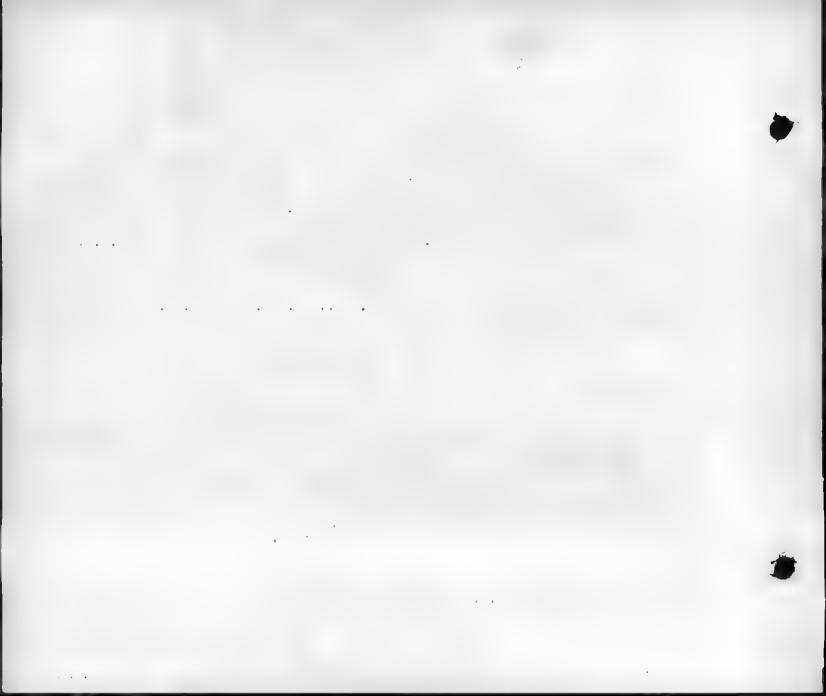
CERTIFICATE OF BEATLE

0157g

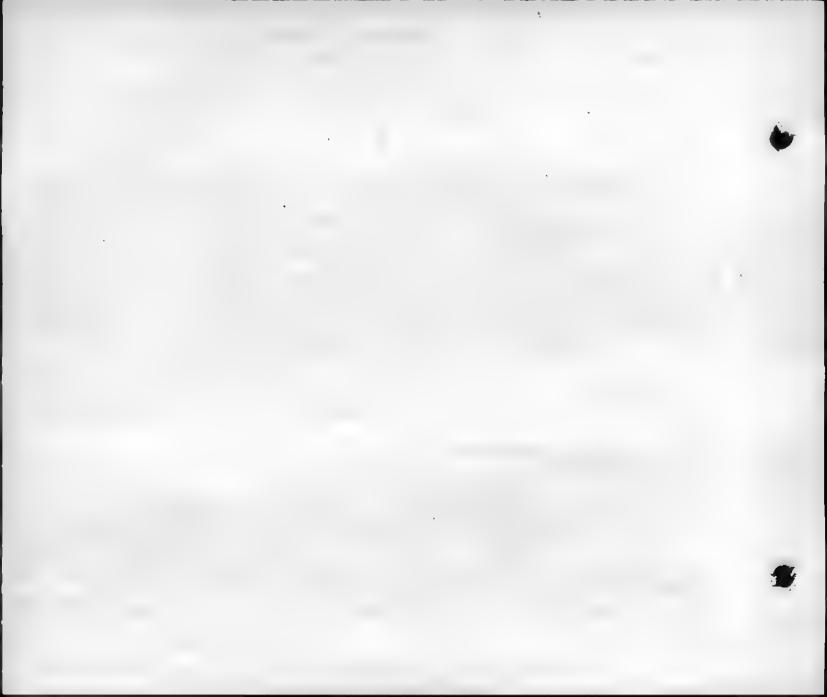
		1583	CERTIFICA	ATE OF DEATH	Reg. Dis	it. No.			
	ì.	PLACE OF DEATH L COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who a. STATE Marvland	ere deceased lived If institution Resident b. COUNTY	ce before admission)			
!		b CITY OR TOWN (if autside carporate limits, write RURAL and give neorest town) FORT HOWARD	c. LENGTH OF STAY IN 16	utside corporate limits, write RURAL and g	URAL and give nearest town)				
		d NAME OF HOSP TAL (If not in hospilo), give street OR INSTITUTION  Veterans Administration		d STREET ADDRESS	on Street	e. IS RESIDENCE ON A FARM?			
	YES NO E								
		NAME OF FIRST DECEASED (Type or print)  JESSE	Middle T.	Lest	4. DATE Month OF DEATH February	11 Yeor 59			
		SEX 6. COLOR OR RACE 7 MARR		B. DATE OF BIRTH February 7,18	lost bethelost	1 YEAR IF UNDER 24 HRS Doys Hours Min			
\	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Training Officer  V.	KIND OF BUSINESS OF INDUS	Serv. Baltimo		ZEN OF WHAT COUNTRY			
Ι.		FATHER'S NAME		14 MOTHER'S MAIDEN N	MAIDEN NAME				
		Columbus Lee		Hannah Tyso	n				
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes   Will I   16. Social Security No. 17. INFORMANT   Address    Clin.Rec., Vet.Adm. Hospital, Ft. Howard   16. Social Security No. 17. INFORMANT   18. Social Security No. 18. Social Sec									
		INTERVAL BETWEEN ONSET AND DEATH							
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) CORONARY INSUFFICIENCY, SEVERE  UNKNOWN  420-0 DUE TO							
		UNKNOWN							
	_	lying couse (ast. (c)							
7	CATION	1(o) 19 WAS AUTOPSY PERFORMED? YES K NO							
	CERTIF	PULMONARY EMBOLISM, BILATERAL,  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAU							
	MEDICAL	Hour o.m. While		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)		ounty) (Slote)			
		21. I certify that attended the deceased from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 5 , 159 , to February 11, 1959 Market Williams of the second from January 11, 1959 Market Williams of the second from January 5 , 159 Market Williams of the second from January 5 , 159 Market Williams of the second from January 5 , 159 Market Williams of the second from January 5 , 159 Market Williams of the second from January 5 , 159 Market Williams of the second from January 5 , 159 Market Williams of the second from January 5 , 150 Market Williams of the second from January 5 , 150 Market Williams of the second from January 6 , 150 Market Williams of the second from January 6 , 150 Market Williams of the second from January 6 , 150 Market Williams of the second from January 6 , 150 Market Williams of the second from January 6 , 150 Market Williams of the second from January 6 , 150 Market Williams of the second from Second							
		KNING KOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
		ACTUAL SIGNATURE Like 45 Jelle	J		ADDRESS (Street, city or town, state) HOWARD MARYLAND	DATE SIGNED			
1		PHYSICIAN'S CHIEN WEI LAN, M.D.							
	220	Burial, Cremation, 226. Date Thereof Eurial 2-13-59	22c. NAME OF CEMETERY OF Baltimore Nat:		22d. LOCATION (City town, or county) 7 Baltimore, Maryla	(Store)			
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS YORK PORT PORT 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE								
	He	nry W. Jenkins & Sons, I	nc. Baltimore, 1	Maryland DATEFER	1 3 33 (2000) 2.	7 2 200			

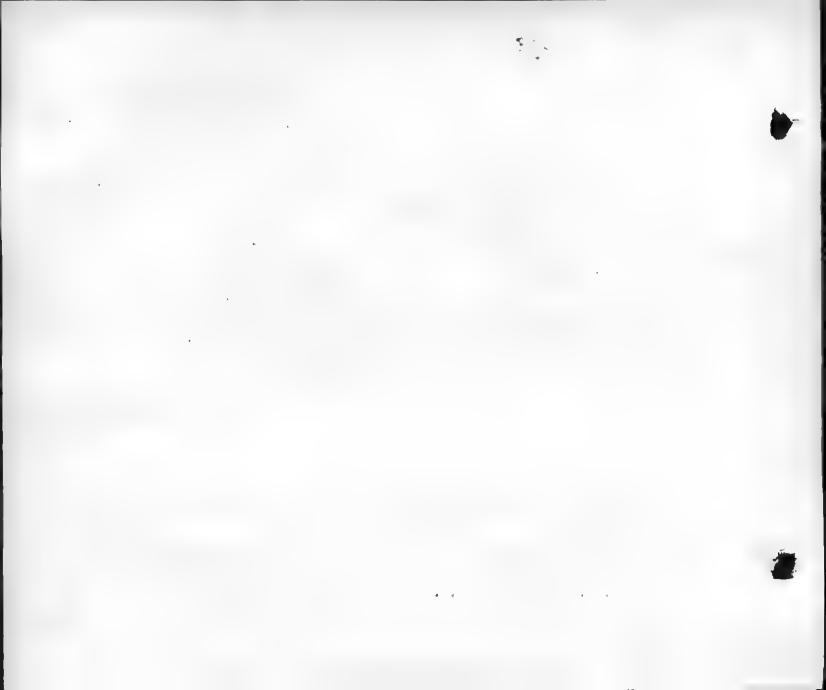
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death Page 4 may be retained the haspital or attending physician.

TO FUNERAL D. COR: After this certificate has been signed by the attending physician and campletely filled in by control director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





New Cathedral

ADDRESS

Howard H. Hubbard 4107 Wilkens Ave.

Baltimore Md.

24b. REGISTRAR'S SIGNATURE

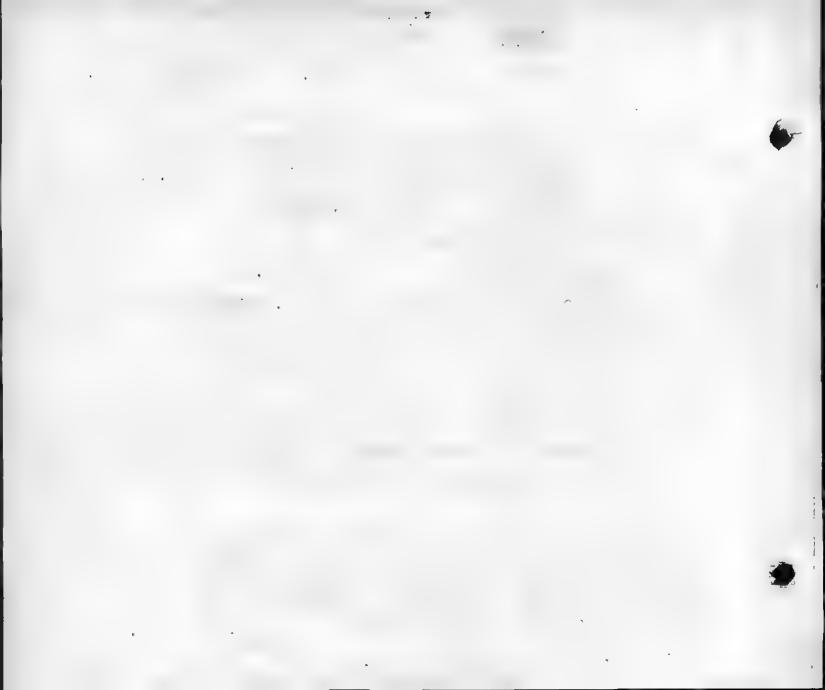
240 REC'D BY REGISTRAR

DATE

VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

death. Page



C. LENGTH OF STAY IN

7. MARRIED K NEVER MARRIED

220-26-5022

20b DESCRIBE HOW INJURY OCCU

Not while

22c NAME OF CEMETER

ABORESS

20d INJURY OCCURRED

ot work ot work

CORONARY THR

Middle

DIVORCED [

G

RURAL and give nearest lown)

FORT HOWARD

TRUCK DRIVER 13. FATHER'S NAME

RICHARD LYONS

420

CHRONIC

Conditions, if ony, which gove rise to immediate

couse (o), stoling the underlying couse lost.

20c TIME OF INJURY Month,

p. m.

Hour o. m.

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type)

200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

220. BURIAL, CREMATION, 226 DATE THEREOF

23 FUNERAL-DIRECTOR'S SIGNATURE

3. NAME OF DECEASED

5. SEX

(Type or print)

MALE

b. C TY OR TOWN (If outs de corporate limits, write

d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

6. COLOR OR RACE

WHITE

during most of working life, even if retired)

(If yes, give wor or

PART I. DEATH WAS CAUSED BY:

VETERANS ADMINISTRATION HOSPITAL

100 USUAL OCCUPATION (Give kind of work done 10b, KIND-QF BUSINESS OR IN

15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO

IMMEDIATE CAUSE (a)

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

**DUE TO** 

DUE TO

Day, Year

21. I certify that Visitended the deceased from Februar ativercape page page and that de

WILLIAM S. KISER

Sykesville

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

OBSTRUCTIVE EMPHYSEMA & BRO

While

. Frst

GROVER

WIDOWED [7]

CATE OF DEATH	1			"TO O
CAIE OF DEATE	1		Reg. Dist. N	e.
2. USUAL RESIDENCE (Who o. STATE	ere decease	d lived If institute	on. Res dence be	fore admission)
MARY	LAND	b. COUNTY	Carro	11
b c. CITY OR TOWN (If o	ulaide corpo	rote limits, write RL	JRAL and give n	earest town)
WESTMI	NSTER	C	7/1-5	?
d. STREET ADDRESS				e IS RESIDENCE
ROUTE 1				YES NO NO
Losi	4. DATE OF	Mont	h I	Day Yeor
LYONS	DEATH	FEBRU	ARY 1	1 19 59
8 DATE OF BIRTH		9 AGE (In years		AR IF UNDER 24 HRS
JANUARY 11.	1887	72 yrs.	Months Days	Hours Min
DUSTRY 11. BIRTHPLACE (Stole			12. CITIZEN	OF WHAT COUNTRY?
MARYLANI	n		11	.S.A.
14. MOTHER'S MAIDEN N				eDalle
JENNIE :	SHIPT.	PV		
7. INFORMANT	DUTLE	Addr	esa	
CLIN REC VET A	DIC TOO			
TIN REC VET A	DM HOS	SP FT HO		ARYLAND
				ITERYAL BETWEEN NSET AND DEATH
DMBOSIS				UNKNOWN
BUT NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	EN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
NCHITIS, Durat:	ion li	Yeare		YES NO XX
RRED (Enter nature of injury in P	ort I or Port	If of item 18.)		
PLACE OF INJURY (Home, form,	20f. (City	or town)	(Count	r) (Stote)
factory, street, office bldg., etc.	1	•	(	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- 0 70 -	i			
y 8 19.59 to Feb	rnary	.11, 1959.	Jedobet	8,000,000,000,000,000
oth accurred at 6:00 #				ate stated above.
	ADDRESS (St	reel, city or town, s	itote)	DATE SIGNED
M.D		***		
M.D. VAH, FOR	T HOW	ARD, MARY	LAND	2-11-59
Y OR CHEMINIONY	22d .10CA1	TION (City Jown, o	r county)	( 1 (Stote)
illy	Her	Essettel.	Bettak	16 mil

240. REC'D BY REGISTRAR

DATE FEB 1 7 '59

246 REGISTRAR'S SIGNATURE

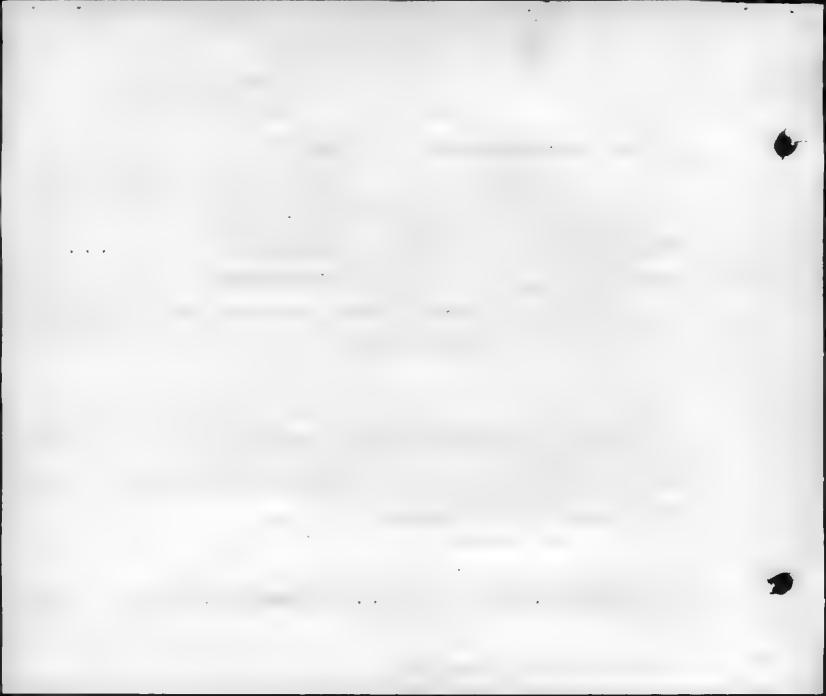
certing & House

director, iled with 2 2 3 funeral 9 shoold filled completely papers. ian and carbon p oftending detoched for use to buriol, cremati ECTOR: be deloc! TO FUNERAL 3 shot page

death

fter death. Page 4

VS A15 (4) 15M 10/57



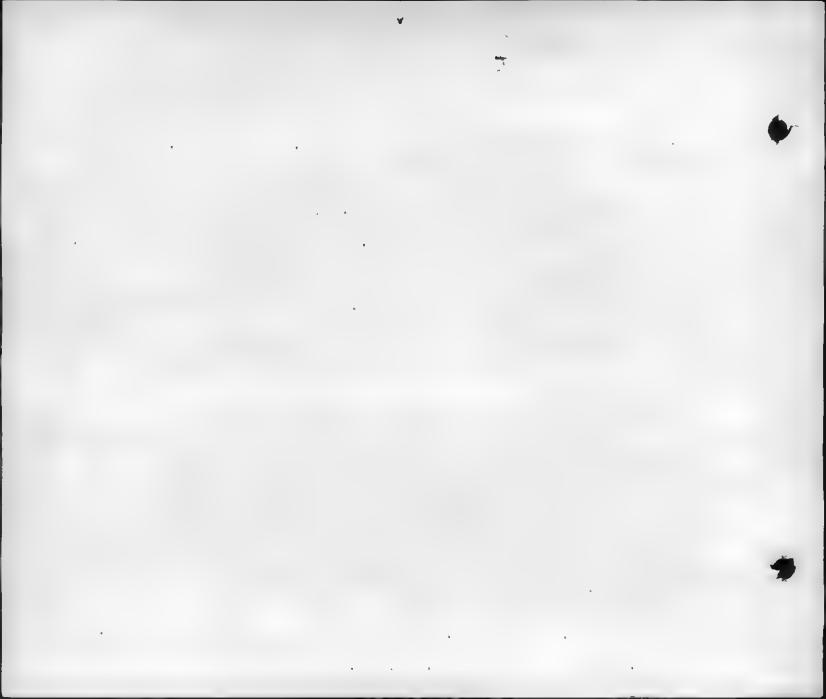
sany, please for, Page yer files.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 - MEDICAL EYAMINED'S CERTIFICATE OF DEATH

01580

The Marie Ma	1488	TOPE !		- CLKIIII	CAIL	0, 0	LAIII	Reg. Dist.	No.	- 11
1, PLACE OF DEATH	almaha, was an'in'ilandii			2. USUAL RESID	ENCE (Where	deceased !	ived. If institu	ution: Res dence	before odm	ssion)
Bal	timore		MARYLAND	O STATE	aryla	nd	b. COUNT	Balt	imore	Cit
b CITY OR TOWN (If au	is de corporate limits, write IfU	RAL C.	LENGTH OF STAY IN 16	c. CITY OR TO	DWN (If outsi	de corpora	te l'mits, write	RURAL and giv	ve neorest to	wn)
Dundalk			7 months	Bal	timor	*	3	vol-	4	
d. NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospital.	, give street address)	d. STREET AD					e, IS P	ESIDENCE A FARME
7405 Dur	manway			815 S	. Bel	nord	Ave.		YES	
3. NAME OF DECEASED	First		Middle	Lost	4. D	ATE	Mont	h _g	Doy Y	Tear_
(Type or print)	Helen			ciolek		EATH	Febru	ary 6	9 ]	19 59
5. SEX	COLOR OR RACE 7.	MARRIED [	NEVER MARRIED . 8				AGE (In years	IF UNDER THE		Τ΄ ΄
Female h	hite w	IDOWED 🕻	DIVORCED	lov. 2,	1891		67 yrs.	Months Day	rs Hours	Min
10a, USUAL OCCUPATION	(Give kind of work done ife, even if refired)	Į.				-	(7)		OF WHAT	COUNTRY
Food Packe	r	Robe	rts Packne	5. Co.	Pola	ind		U.	S.A.	
3, FATHER'S NAME				14. MOTHER'S M.					_	
U	Inknewn				Unkno	WIL				
1S. WAS DECEASED EVER (Yes, no. or unknown) NO	IN U. S. ARMED FORCES	S? 16, SOC		rormant Cs. Fran	ces D	Ono	frio	7405 D	unman	way
18 CAUSE OF DEATH	Enter only one cause p	er Imaliar (	p). (b). and (c) ]					110	HEERVAL BETWI	110
PART I DEATH	WAS CAUSED BY:	11 .	EC NAMY	1)60	fun.	1 11 1		6	DNSLT AND DEA	Klei
,	MEDIATE CAUSE (a) DUE TO		1	~	المعربات	Upri _				
Canditions, if any	authorities School	AK	5-6-116	1)101	Are				-	z-de-se
gave rise to immedia	le couse	1-1-		27000	<i>y y</i>				-	
(a), stating the uni	and the same of th									
_	SIGNIFICANT CONDITI	ONS CONTR	BUTING TO DEATH BUT	OF RELATED TO TH	E TERMINALD	DISEASE CO	NOITION GIV	/EN IN PART 1/a	JI 10 WAS	AUTOPSV
PART H, OTHES  200. EXTERNAL CAUSE PRIMARY   or CONTI		AND DESCRIPTION OF THE PERSON		4				erina i con i de	PERFO	NO IT
200. EXTERNAL CAUSE	WAS 20b	ESCRIBE HO	NINJURY OCCURRED (E	The notice of inition	v in Port Lor	Fort II of it	(em 15.)			129-
PRIMARY OF CONTI	IBUTING []		N/A N-		,		-11.10			)
	Manth, Day, Year	ZOG INJU	RT OCCUPIED 7200 PLA	LOF INJURY (Ho	me, form, 120	F. (City or I	own)	(County)		(Slate)
20c. TIME OF INJURY Hour o. m.	17.0	While	Not white foch	iry, street, office bl	dg., efc.)	, , , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(3.0.0)
		-	ains described abo	ve held on A	utansu [	large	ection [];	Inavier I	77	at t
	swited fram: Nat		5/							d in my
Opinion dealing	200	orar cous	es Accident (	_i,ioicide	, nom	icide [	, Undere	rmined mar	iner 🛄	
ACTUAL		5-2	2 M	CHIEF MED	NCAL EXAMIN	IER 🗀			DATE S	IGNED
SIGNATURE	AA B	1		_ M.U.	MEDICAL EXA	-		n/	1/-	
EXAMINER'S NAME (Type)	14-10 -	UM	115 M	. )	EDICAL EXAM	_		1/9	1/5	9
220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREOF		NAME OF CEMETERY OR				(City, town		(Stale	•)
Burial	Feb. 10,	59 8	st. Stanis			)unda		e. Md	•	
23. FUNERAL DIRECTOR'S			ADDRESS	24	le. REC'D BY I	REGISTRAR	24b NEGIS	STRAIL'S SIGNA	TURE	
JOHN J. DI	JDA 2829 H	udsor	n St. 24,	Id. p	ATE ENDS	4 1 35	2		· ma.	is desired

TO DEMITY MIMICAL ENAMINER: This certificate should be executed within 24 hours after death. If any delay is necesexecute the contract withing the word "pending" in pendil in them 18. Give Pages 1, 2, and 3 to the functal 4 should be it. Anded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, as removal, and in any event within 72 hours after death: VS A15ME 5M 2/57



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

n1581

1400			Keg, Dist, N	0.
1. PLACE OF DEATH O. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE	. If institution Residence be b, COUNTY FALS	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  A TOO SVILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate la		earest fown)
d. NAME OF HOSPITAL (IF not in hospital, give street of OR INSTITUTION G J LISM CREET		d STREET ADDRESS		15 RESIDENCE     ON A FARM?     YES    NO
3. NAME OF FIRST OCCEPHING TOSEPHING	E V. M	Lost 4. DATE OF DEATH	Month FEB 2	Day Year
5. SEX 6 COLOR OR RACE 7. MARR WIDOWE	/	8. DATE OF BIRTH 1831 9. AG los	if (In years   IF UNDER 1 YEAr   thirthday)   Months   Days	AR IF UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	HOME	STRY 11 BIRTHPLACE (State or foreign country)  LITHUANIA		OF WHAT COUNTRY?
13. FATHER'S NAME  JOSEPH 7.	PAMANAC	14. MOTHER'S MAIDEN NAME  VICTORIA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	NFORMANT S. Vegrent Dat for go	Address - 1909 Leanie	y Lene.
18. CAUSE OF DEATH [Enter only one cause per life PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  3	CEREBRAL	VASCULÁR A	CCI DEVI	15 YRX
CATIO		NOT RELATED TO THE TERMINAL DISEASE CON		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING D CAUSE OF DEATH	CKISE HOW INJUST OCCURRE	D. (Enter nature of injury in Part I or Part II of	ilem to j	
A Hour a.m. While		ACE OF INJURY (Home, farm, 20f (City or to clory, street, office bldg., atc.)	wn) (Caunt	y) (Stote)
21. I certify that I attended the decease alive on Feb 2 19.  ACTUAL SIGNATURE PHYSICIAN'S RAME (Type) RERECT		n accurred at \$1.39AM, from the ADDRESS (Street, of ADDRESS AND AD	causes and on the d	
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify).	22c. NAME OF CEMETERY O	OR CREMATORY 22d LOCATION (	City Jown, or county)	) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	Ca Carrenell	240. REC'D BY REGISTRAR DATE MAR 5 '59	246. REGISTRAR'S SIGNAT	

may be recorded by the hospital or attending physician.

• FUNERA RECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director. page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be re' VS A15 (4) 15M 9/55

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04 FC

arvland

246 REGISTRAR'S SIGNATURE

**CERTIFICATE** 1587

OF	DEATH	Reg. Dist. No.	4
SUAL RE		If institution: Residence before admission)	
JIAIL	Maryland	baltinore	
	a Beauty and the same of the s		-

	o. COUNTY	Baltim	ono	MARY	LAND	a. STATE	rvland	b COUNTY		ti.aor	
Г		(If outside corporate lim		c. LENGTH OF STAY	IN 1b	c CITY OR TOWN		rote limits, write R		C 4 mm : 3 4 m	
1	RURAL and give	ikasville				Rural	Pikesv		Md.		
	d NAME OF HO	PITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS		TITE O	PIUL	e IS RE	SIDENCE
	OR INSTITUTIO	N				202 Chur	ch Lan	P			A FARM?
3.	NAME OF	Fi	rst	Middle	!	tost	4. DATE	Mor	ıth.	Day	Year
	DECEASED (Type or print)	Gertrude		Evelvn		Maglidt	DEATH	Februa		23.	19 59
5.	SEX	6 COLOR OR RACE	7 MARI	HED NEVER MARRIE	ED   0	DATE OF BIRTH		9 AGE (In years		YEAR IF UND	//
1	enale	white	WIDOW	DIVORCE	D .	April 13.	1892	last birthday)	Months (	Days Hours	Min.
	. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11 BIRTHPLACE (SE	late or foreign co	ountry)	12. CITIZ	ZEN OF WHA	T COUNTRY
	Cleri		',	Jamsey Co	) .	liarvl	and		II.	S.A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDE					
	Char	les A. Bro	wm			Elizab	eth Lo	ckman			
	WAS DECEASED	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, IN	ORMANT	<u> </u>		ville	8. N	id.
	To	Lone	2	17-26-179	56 11	r. Edgar	N. Mac	1:3t. 3	00 00	mrel.	Lane
	18. CAUSE OF	EATH [Enter only one co	use per li	ne for (0), (b), and (c)	]					INTERVAL B	ETWEEN
	PART I. [	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 /	emorrha	40	Esopha	4cal	Varices		ONSET AND	D DEATH
	581,0	DUE TO			1		<i>j.</i>				-0040
	Conditions, i	ony, which	. (	irrhasis	4.1	& Liver				141	j. seep
	gove rise to cause (o), stati	immediale (								1	
	lying couse lo		:)								
NO.	PART II	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEASI	CONDITION GIV	EN IN PART	1(0) 19 WAS	AUTOPSY
CATION											ORMED?
CERTIFI	20a ACCIDENT	WAS UNDERLYING THE	20b. DES	CRIBE HOW INJURY OF	CCURRED	(Enter noture of injury	in Part I or Part	II of item 18.)			
	(IF EITHER, NOT	FY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF IN: Hour o. r				20e. PLA	E OF INJURY (Home, f	form, 20f (City	or lown)	{Co	ounty)	(Stote)
ME	p. 1	10	While of wor	Not while	70211	i ineer, onice blog,	ex.,				
	21. I certify	that I attended the	deceas	ed from Julu	2;	19 <b>53</b> , ta	Feb. A	23 m 1957	that I la	att com the	doconsor
	olive on	1 4 - 1/4	18.5			occurred at 3.3	P. M. from	the course of	and on the	a data stat	ad above
	i i	6	2.	1100			ADDRESS (SI	reet, city or town.	state)		ATE SIGNED
	SIGNATURE	augass.	Mul	11/20	, W	0. 133	1 Rois	terstown	y 28	2	42575
	PHYSICIAN'S		1				,	. /	Carry	/	1-31/-0
	NAME (Type)	Janes A.	Mj]]	er.M.D.		PI	Kervij	12. P.h	4		
220	- BURIAL, CREMA	ION. 226. DATE THEREC	F	22c. NAME OF CEME	TERY OR			ION (City, Iown, o	or county)	(Sto	te)
	ATTENDIAL (Speci	" l'eh. 26	1950	Loudon	Pen	c.Compton	to ka	Itimore	11.	,	

) ADDRESS

240. REC D BY REGISTRAR DATE

should be filed with .5 the attending physician and completely filled. Then please remove carbon papers. Pages 1 event within 72 mours offer death. "TOR: After this certificate has been signed by detached for use as the buriol-transit permit, to burial, cremation, as removal, and in any e page 3 should be the registrar prior may be reto

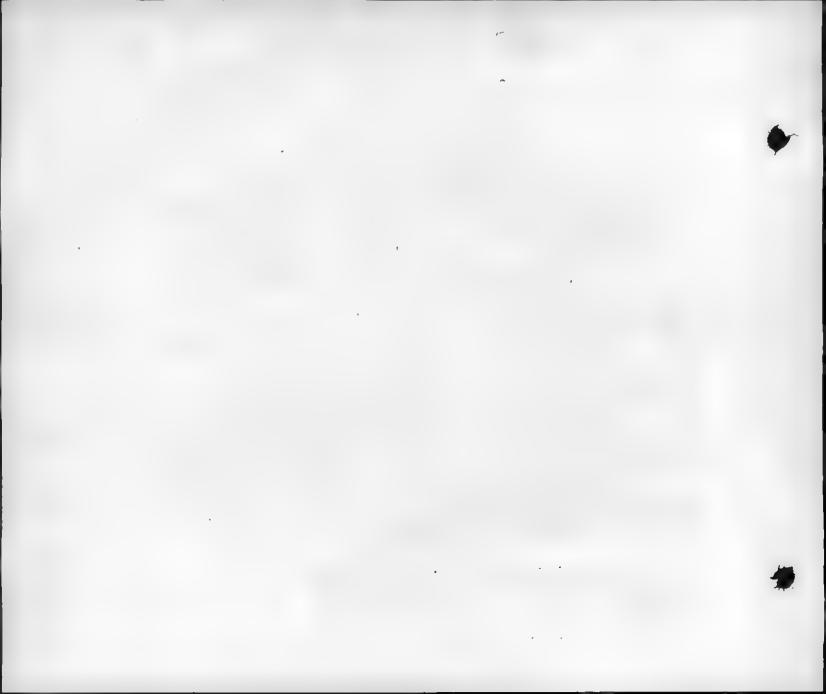
ATTENDING PHYSICIAN: The low requires that the death certificate be amecuted within 21 hours

er death; Page 4

1 PLACE OF BEATH

23 EUNERAL DIRECTOR'S SIGNATURE

TO HOSPITAL VS A15 (4) 15M 10/57



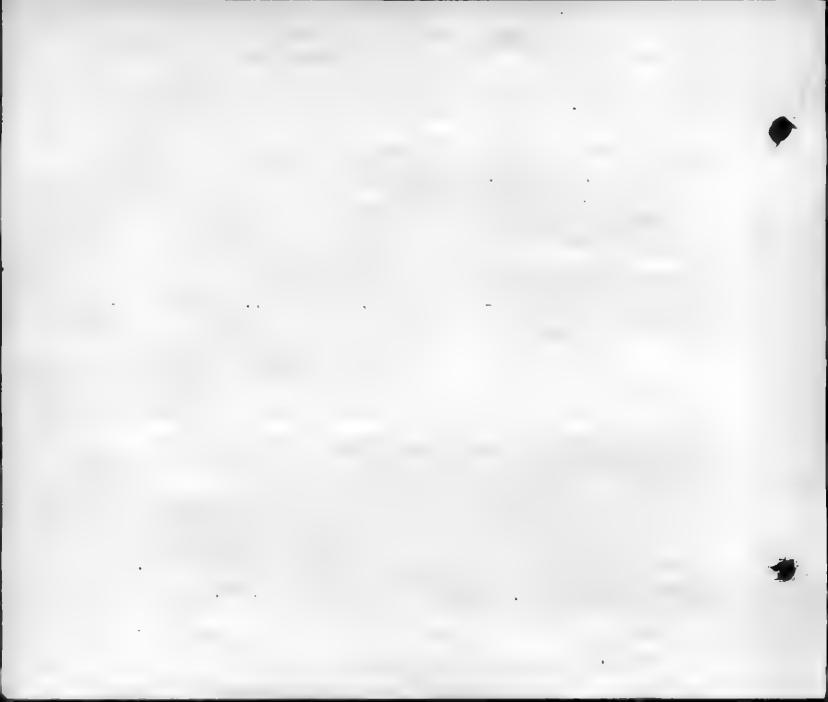
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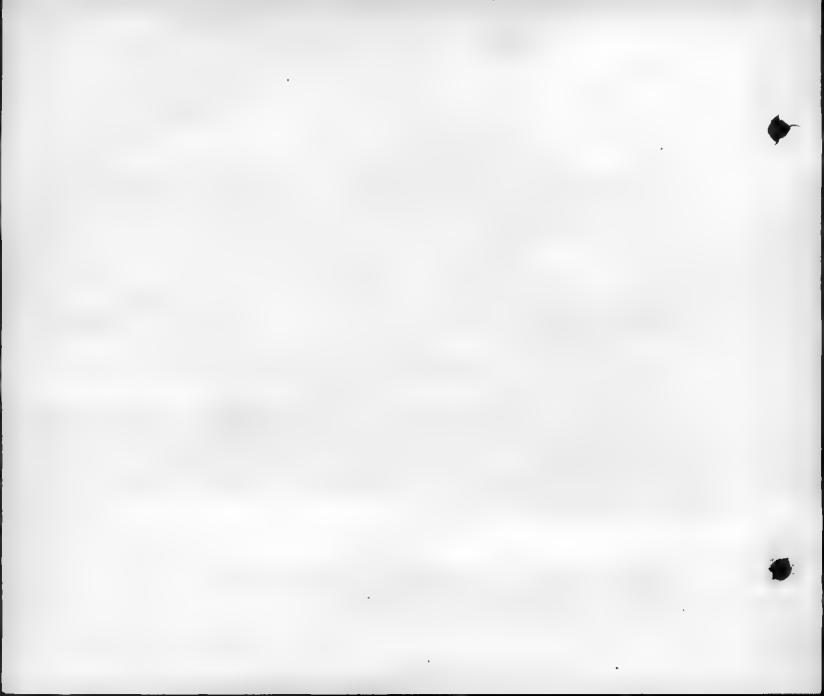
01583

1988	CERTIFICA	RIL OF BLATTI	Reg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where doce o. STATE Maryland	/ b. COUNTY /) /	timore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lawn).	c LENGTH OF STAY IN 16	c. CITY OR TOWN He auside co	irporate limits, write RURAL and g	jive nearest fown)
d NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION 1432 Dartmo	1101	d. STREET ADDRESS 1432 Dartmou	ith Road	IS RESIDENCE ON A FARM? YES  NO
3. NAME OF DECEASED (Type or print) Mr. John M.	Marchsa	Lost 4. DAT OF DEA	TE Month TH Jebruary	2nd 19 5
male white WIDOWED	DIVORCED .	July 15, 1890	lost birthday) Months yes.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (G ve kind of work done) 10b. KI during most of working life, even if relired)  Maintenance Man	ND OF BUSINESS OR INDUS	Baltimore,	A T I I	IZEN OF WHAT COUNTR
3. Father's Name  Freidoline Marchstein		14. MOTHER'S MAIDEN NAME Anna Trethar		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC. (Yes, no or unknown) [If yes, give wor or days of series) 273		rs. Florence E.	· Marchsteine	r, same
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	for (a), (b), and (c) ]  onchogen	ic Carcin	oma	INTERVAL BETWEEN ONSET AND DEATH 2 year
Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u>				
PART II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
	IBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I ar	Part II at item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJI Haur c. m. 19 White at wark [	Nat while fac	ACE OF INJURY (Home, farm, 20f. (clary, street, affice bldg., etc.)	City or town) (C	Caunty) (State)
21. I certify that I attended the deceased alive an 30, 195  ACTUAL SIGNATURE Charles		accurred at 10:15 A M, for ADDRESS 5801 Loch	1959, that I ! ram the causes and an the i (Street, city or town, state) Raven Blvd.	last saw the decease the date stated abov DATE SIGNI 2/2/59
PHYSICIAN'S (harles &	Shaw	1222	12, Marylana	1
Burial 2/5/59	name of cemetery o Moreland Me	morial Park	Baltimore,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	Hantond Roa	240. REC'D BY REC	GISTRAR 246 REGISTRAR'S SIG	NATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 uld berfiled with uneral director, may be retained by the hospital or attending physician.

TO FUNERAL CORE. After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55





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certificate

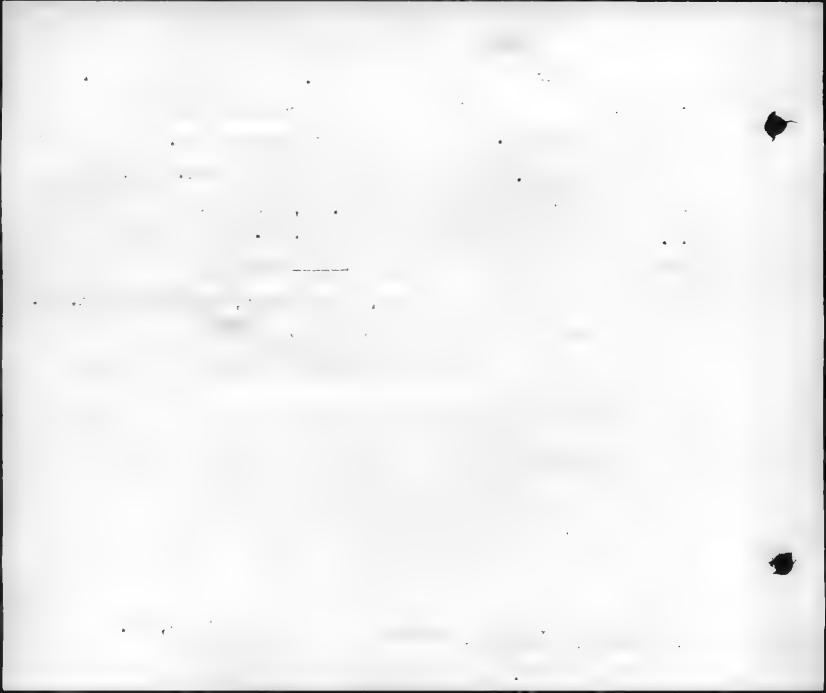
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VS A15 (4)

15M 9/58

burial-transit





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HEALTH	DEPT.
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fony de to the f by be rel ith the S	
Pages 1, 2, and 3 PM3. Page 5 ma pages 1 and 2 with the yethig 72 hours	
Pog. 1 on His 7	I
in 24 hmurs offer. Cive Poges 1, tith form PM3. I. File poges 1 any event yethin	
Give Give h form File	
mited within 24 hauns of tem, 18. Give Pos s olong with form ?? asit permit. File po	
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be exempt sencil in the s Office o riol-transit removel,	
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This certificate sharing in word "pending" in left Medical Examinatored by such as the burial, cremotion,	
This e wornief Manuald	
INER: ing th the Ch ge 3 s	
LEXAMINER: This certificate shauld be exemited within 24 haurs ofter death. If any delay is naces of a, writing the word "pending" in pendil in them 18. Give Pages 1, 2, and 3 to the funeral discipled to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained FOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boager, prior to burial, cremotion, or removal, and in any event yething 72 hours after death.	
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VS. A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1592

EDICAL EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Dist. No. 01587

\	I. PLACE OF DEATH	altimore		MARYLAND	O. STATE DE.	E (Where deceased lived.	If institution: Residen	ce before admission)	
/	b. CITY OR TOWN (*	outside corpo ale haits, write I	URAS C.	LENGTH OF STAY IN 16		N (If outside corporate lin	nits, write RURAL and (	give megrest town)	
	H11	lendale		2 days		timore	3 /	,	
	d. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hospital,	give street address)	d. STREET ADDRE	22	*	e IS PESIDENCE	
1	1345 D	artmouth Av	€.	_	192	7 Aliceanna	St.	YES NO	
	3. NAME OF DECEASED	First		Middle	Lost	4. DATE	Month	Day Year	
	(Type or print)	VICTOR			RSKT	DEATH	February 8	1959	
	5. SeX		-	NEVER MARRIED	B. DATE OF BIRTH	9 AGE fost birt		YEAR IF UNDER 25 HRS	
	Male	14117 00	WIDOWED &	DIVORCED [	May 1990	68	yrs.		
	during most of working	g life, even if retired)		OF BUSINESS OR INDUS	STRY   11 BIRTHPLACE (S	itale or foreign country)	12. CITIZI	EN OF WHAT COUNTRY?	
	Car re	pairman	B&	& O. RR	Poland		Lu	J. S. A.	
4		7 14 1 .			14. MOTHER'S MAID				
ł	15. WAS DECEASED EVE	l Mazerski	14 SOCI	IAL SECURITY NO 117.	Clara Sc	snowska	Address		
	NO	Ill yes, give wor or dates of ser	VICE)	-12-5406 3		vzerski 134	45 Partn	routh are	
		H [Enter only one cause				9-0000	73 70 000	TINTERVAL DELWEEN	
1	PART I DEAT	H WAS CAUSED BY.			and an an			ONSET AND DEATH	
1	97114	IMMEDIATE CAUSE (0)	u obit à Y	la_due_to_ha	infantis.			x	
	Conditions, if as								
	gove rise to immed	iote couse				der a habite dell'anniant delle service dell		American control of the control of t	
	(o), stoting the u	(c)_		700					
	PART II, OTH	ER SIGNIFICANT CONDI	TIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19, WAS AUTOPSY PERFORMED? YES NO	
	T.	SE WAS TRIBUTING []	DESCRIBE HO	W INJURY OCCURRED	Enter nature of injury in	Port I or Port II of Hem 1	B.)	10 to	
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	While	RY OCCURRED 20e. PL Not while of work 1	ACE OF INJURY (Home, story, street, office bldg.,	form.   20f. (City or town)	(Coun	ty) (State)	
1	21. I certify th	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and it my							
	apinion death	resulted fram: No	atural caus	Accident	🔲, , Suicide 🔀	, Hamicide 🔲,	Undetermined ma	anner 🔲	
	ACTUAL COLOR STATE SECURITION OF THE SECURITION								
	SIGNATURE								
	EXAMINER'S NAME (Type) CI	narles S. Pa	ettv	01		DICAL EXAMINER 🖳			
	220. BURIAL CREMANO	N. 226. DATE THEREOF		NAME OF CEMETERY O		224 LOCATION (CI	y, town, or county)	(State)	
	DUTTE	2 2/11/59		oly Ros	ary	Balto	-, Co-	moli	
	23. FUNERAL DIRECTOR	S SIGNATURE D		ADDRESS			46. REGISTRAR'S SIGN	A see	
	WM. S. J.	inkoustei	2007	Eastern	and DATE	FEB 9 '59	C J.	T. MA	



01588

2000		keg. Dist. 140.
PLACE OF DEATH Salto.	MARYLAND 2. USUAL RESIDENCE	(Where deceased lived If institution: Residence before admission) b. COUNTY Bolto.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	stay in 16 c city or town (52 Catons	(If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OSCOPPO AVC.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
DECEASED	Aiddle Lost Mc ALLISTER	4. DATE Month Day Yeor OF DEATH Feb. 1.1555 19
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER 1	MARRIED B. DATE OF BIRTH	9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HR. lost birthday) 81 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of warking life, evan if retired)  HOTHE		ote or foreign country) 12. CITIZEN OF WHAT COUNT
13 FATHER'S NAME	14. MOTHER'S MAIDE	
Francis Marshall	Sus	son Noel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIT		Address
to bet do no or do no or de no	Mrs. Grace I	Dorsey 6 Osborne Ave.
18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), or PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).  260 × DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoting the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	grehz left  grehz left  nic Congestiv	MINTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Enter nature of injury	in Part I or Part II of item 18 )
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURE Mour a.m. While Not while at work at work	D 20e. PLACE OF INJURY (Home, for factory, street, office bldg.,	orm, 20f. (City or town) (County) (State
21. I certify that I attestdest the deceased from.	19.00 to_	2// 5/9 that I last saw the deceas
alive on 3/1/59, 19 and	that death accurred at.///	5.FM, from the causes and an the date stated abo
ACTUAL SIGNATURE SIGNATURE STATE	Mo 130	3 Fridzrick Rd DATE SIGN
PHYSICIAN'S W. E. MCG/c	the Cata	ms VIII 28 md 2/3/
REMOVAL (Specify)	cemetery or crematory	22d. LOCATION (City town, or county) (Stafe)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		EC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Farley Funeral Home Catons		FR 5 '59 C 'W 2 'C 'A

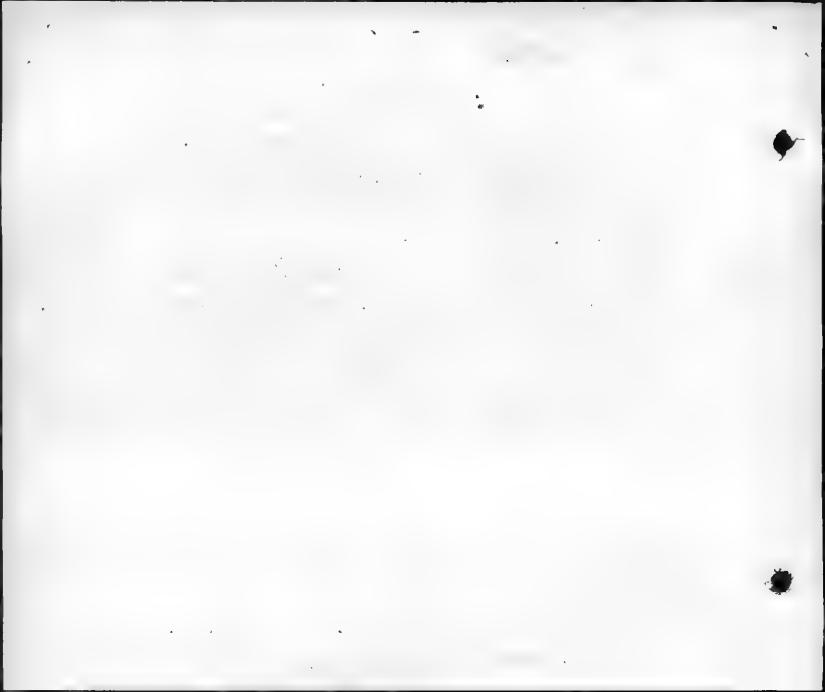
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retaing by the hospital or altending physician.

TO FUNERAL DIVIDIOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 the registror priar to buriol, cremotian, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR

funeral director, old beritted with

VS A15 (4) 15M 10/57





VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1595

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

Ω	1	5	9	0
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	PLACE OF DEATH o. COUNTY Balto MARYLAND					2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) 6. STATE b. COUNTY Balto.						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Balto 29			c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (I		own)				
0	d. NAME OF HOSP TAL (If not in hospital, give street oddress) OR INSTITUTION 5219 Garmouth Rd.				d. STREET ADDRESS  5219 Garmouth Rd.  6. IS RES DENV ON A FARA YES NO							
	3 NAME OF DECEASED	JOHN		Middle TODD		Last	4. DATE	Mo	nih	Day	Year	
	(Type or print)					MCNALLEY	DEATH	F	eb.	28,	1959	
	5. SEX				D 🔲 B	B DATE OF BIRTH 9. AG		9. AGE (In years	Months {	YEAR IF UN	-	
	male	white widowi				Feb. 1, 1903   56 yrs				odys Hou	rs avin	
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Cashier (rtd)  10b. KIND of BUSINESS OF UNBUSTRY 11. BIRTHPLACE (Stole or foreign country)  11 BIRTHPLACE (Stole or foreign country)  12 CITIZEN OF WHAT COURT #2  Md.								AT COUNTRY?			
	3 FATHER'S NAME				14 MOTHER'S MAIDEN							
	John P. McNally					Mary	Nugent					
	15. WAS DECEASED EVER	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU				RMANT			dress			
7 de	no	yes, give wor or quies or se	rvices		Mr	s. Helene V	Villiam	s - 5219	Garmo	uth Re	1.	
3	PART I. DEATI  Solve rise to im couse (o), storing th lying couse lost.  Part II. OTHE  OR CONTRIBUTING [ IF EITHER, NOTIFY WAS OR CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION TO	mediate e under- CE R SIGNIFICANT COND UNDERLYING [] CAUSE OF DEATH LEDICAL EXAMINER) Manth, Day, Yeo 19	DITIONS CO	ONTRIBUTING TO DEA	ATH BUT NO	OF INJURY (Home, for, street, office bldg., e	MINAL DISEAS in Part 1 or Par irm, 20f (City	y or town)	(Co	PER YES Dunty)	S AUTOPSY FORMED? NO (Stote)	
	ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION REMOVAL (Specify) Burial  23. PUNICRAL DIRECTOR'S	3/3/59	1/5	22c NAME OF CEME New Cat	M.I	B. H. L. REMATORY L. COM.	ADDRESS (S	TION (City, town,	. 1101e) 12. ASI	- La - 24 / /5	DATE SIGNED	
1	Mrs. y.	lickne	- 4	Sous-	Nai	DATE N			almed S.			



RAR'S SIGNATURE

Reg. Dist. No.

		5000	Reg. Dist. No.					
8.4	1.	PLACE OF DEATH .	USUAL RESIDENCE (Where deceased lived If institution Residence before admission)     STATE     COUNTY					
/	L	BALTIMORE MARYLA	MARYLAND b. COUNTY					
and the		b CITY OR TOWN (If outside corporate limits, write RLRAL and give nearest town)	N 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
17.3		FORT HOWARD 9 HRS:55 M	IN. BALTIMORE					
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENC					
		VETERANS ADMINISTRATION HOSPITAL	3838 STNCLAIR LANE YES NO					
	3.	NAME OF First Middle DECRASED	Lost 4. DATE Month Day Yeor					
		(Type or print) HOBART	MERRIFIELD DEATH February 13 19 5					
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						
		Male White WIDOWED DIVORCED	CI   October 30, 1896   62 yrs   1897   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898   1898					
	10	NUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COU					
		LABORER CONSTRUCTION	BUCKSPORT, MAINE U.S.A.					
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
	L	William F Merrifield	Caroline D Rich					
I	5,00	WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 1. no. or unknown)   (It yes, give wor or dates of service)	17 INFORMANT Address					
	Ł	Yes WW-1 579-07-2421	CLIN REC VET ADM HOSP FT HOWARD MARYLAND					
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-]	INTERVAL BETWEE					
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) CEREBRAT. HE						
		33/X DUE TO						
		Conditions, if any, which ) (b)	<b>€</b> *\$					
	П	gove rise to immediate couse (a), staling the under-						
	_	lying couse lost. (c)						
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTO-					
*	2	CARCINOMATO	STS YES XIX NO					
	E	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of injury in Port I or Port II of Item 1B.)					
			- Ariana					
	MEDICAL	Hour a.m. While Not while	0e. PLACE OF INJURY IHome, form, 20f (City or town) [County] (St foctory, street, office bldg., etc.)					
	1 %	p. m. 19 of work of work	7.55					
		21. I certify that A attended the deceased from Februa	13, 959 Pebruary 13, 19 59 Mondon Concrete Conc					
		The the consequence of the condition of the telephone and that d	leath accurred at 2.55_P.M. from the causes and on the date stated at					
		Q . 111-1	ADDRESS (Street, city or town, state) DATE SI					
1		SIGNATURE CHU CO NULL	M. VA Hospital, Ft. Howard, Md. 2/14/					
		PHYSICIAN'S						
		NAME (Typo) CHIEN WET LAN, M. D.	VA Hospital, Ft. Howard, Md. 2/14/					
	27	BURIAL CREMATION 226 DATE HEREOF 274 NAME OF CEMETE	To the state of th					
		Burial -//// BALTIMORE N						
	123	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24- PEC'D BY PECISTPAR 24- PECISTPAR'S SIGNATURE					

TO HOSPITAL O may be relaine TO FUNCRAL DI VS A15 (4) 15M 10/57

Wiedefeld & Son Grennmount Ave &



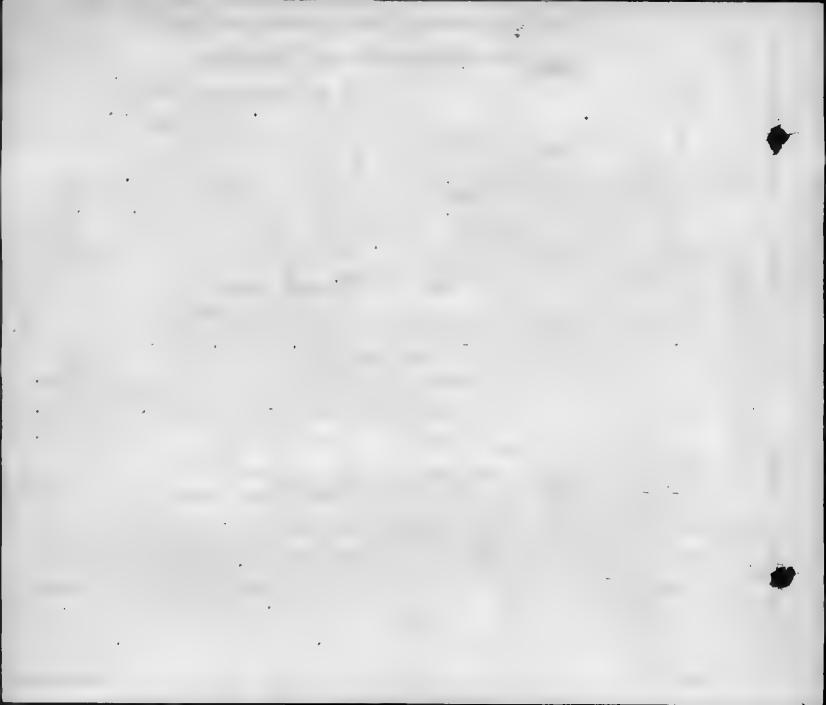
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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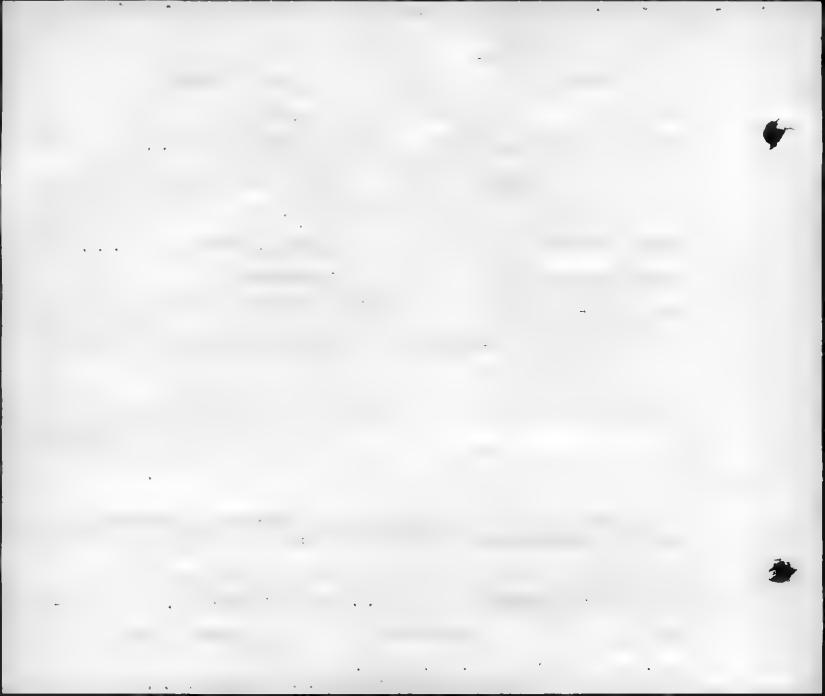
## 1597 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PL/	CE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED									
COU	Balto.		STATE Md. COUNTY Balto.									
CITY OR TOW	(Il outside corporate limits end give nearest town)	i, write RURAL	AND F STAY loce)	COUNTY  CITY (It outside corporate limits, write RURAL end give neerest town) OR TOWN OWINGS Mills								
INST	PITAL OR ITUTION OR ET ADDRESS Garr	ison Forest	STREET (If rural give location) ADDRESS Garrison Forest Rd.									
3, NAI	ME OF (Fir:	st)	(Middle)	(Last) 4. DATE (Month)				(Dey) (Year)				
(Тур-		MALL	C.		MERTZ		Feb.	19	- 17	59		
s. sex	6. COLOR OR RACE White	7. SINGLE, MAI WIDOWED, (Specify) 17		Oct.	21, 1882	9. AGE last birthdey 76 yrs.	Months	Days	Hours	24 HRS.		
1De, USU done ratire	AL OCCUPATION (Give king during most of working lifed) OWNER	e, even il	CIND OF BUSINESS OR INDUSTRY OTE	DUSTRY				12. CITIZEN OF WHAT COUNTRY?				
13. FATH	ER'S NAME				14. MOTHER'S MAIDEN	NAME						
unl	mown		Mea	y (unknown	)							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  Owings M  Mrs. Bertha A. Mertz - Gar											
* DISEA	18. MEDICAL CERTIFICATION									INTERVAL BETWEEN ONSET AND DEATH		
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									24 hrs.		
14	1/ 1/ IMMEDIATE CAUSE (A) Coronary Thrombosis									ट्य 111 8 •		
GIVING	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OF THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OF THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.									10 yrs.		
	(c) Carcinoma of urinary bladder											
TO TH	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
	193. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 1-16-59   Carcinoma of urinary bladder									Y?		
21e, ACC	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bldg., etc.)  OF INJURY Street, office bldg., etc.)											
21d. TIME	OF INJURY (Month) (D	W		RRED I while work	21f. HOW DID INJURY OCC	UR ?						
22.	22. I hereby certify that I attended the deceased from October 19.52., to Feb. 19., 19.59., that I last saw the deceased											
/ ali	alive on 2-2 , 19.59 , and that death occurred at 8.AM, from the causes and on the date stated above.  SIGNATURE (Street, city, town, state)											
	Mant & Stople Main St. Reisterstown											
23. BURI	AL, CREMATION,	DATE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or coun	ly)	2-19	lele)		
	REMOVAL (SPECIFY)  Qurial 2/23/59 Loudon Park Cem. Baltimore. Md.								7	,		
	B 2 0 '59	REGISTRAR'S SIGNATU			250 FUNERAL DIRECTOR'S	SIGNATURE .	14 x	ADDRESS	- Da	eto		
DAIL THE		a / yaila			TO POPULATION OF THE POPULATIO	V/1/10/00/00/			11	the		

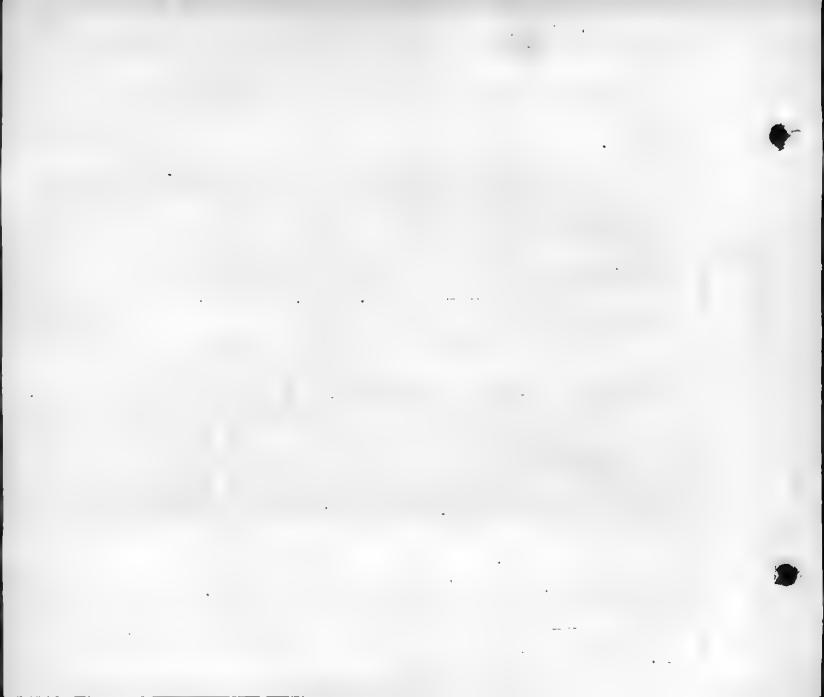


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 015931598 CERTIFICATE OF DEATH Reg. Dist. No director, 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o COUNTY filed BALTIMORE MARYLAND DISTRICT OF ero b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) FORT HOWARD WASHINGTON d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE VETERANS ADMINISTRATION HOSPITAL ON A FARM 1208 STAPLES STREET. YES NOT 3. NAME OF . First Middle DATE Month Year DECEASED (Type or print) C RESTUTE MILIER DEATH FEBRUARY 1959 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years last birthdoy) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours FEMALE WHETE WIDOWED K DIVORCED [7] NOVEMBER 10. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY death, during most of working life, even if retired) ALEXANDRIA. VIRGINIA U.S.A. RETPUNCH OPERATOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH FRANKLIN WELLS MESSINA KEYES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wor or dates of service) CLIN REC VET ADM HOSP MARYLAND g HOMARD YUUS 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ADENOCARCINOMA OF CERVIX WITH METASTASIS 3 YEARS IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO THE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day. Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while at work ol work 21. I certify that Antiended the deceased from February 9, 1959, to February 13 19 59 that is a consequence of the control of Boocca, and that death occurred at 2:25 aM, from the causes and an the date stated above det ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S HAROLD R JOHNSON NAME (Type) M.D. VAH. Fort Howard Md. FUNER, 270 BURIAL CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CPEMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify) 2-16-59 BURTAY. UNION CEMETERY O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS A15 (4) Lee Funeral Home 300 Ath st N E. 15M 10/57 LEE Funeral Home, 4th & Massachusetts Avenues, N.E., Washington, D.C.





death:



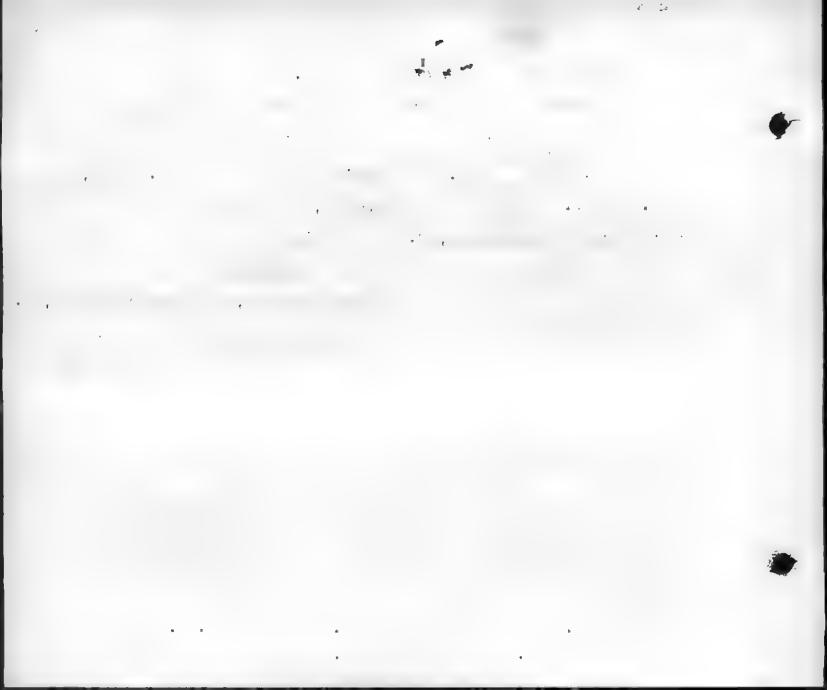
VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1498

**CERTIFICATE OF DEATH** 

01596 Reg. Dist. No

			`	
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	
b CITY OR TOWN (flouts de corporate limits write RURAL and give negrest lown)	C. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	itside corporate limits, write RUF	(AL and give nearest town)
Arbutus	10 yrs	5/ Arbuti	18	
d NAME OF HOSPITAL (if not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS		IS RESIDENCE     ON A FARM?
5201 Benson	Ave	5201 I	Benson Ave	YES NOTE
3 NAME OF Wladisfraw (Type or print) WALTER	Moizerim	lost OORE	4. DATE Month OF DEATH POD	Day Yeor 16. 1959
		8 DATE OF BIRTH	9 AGE (în years I	JNDER 1 YEAR IF UNDER 24 HRS.
W. WIDOW		May 16.1876	lost birthdoy)	Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b				12 CIT ZEN OF WHAT COUNTRY?
during most of working life, even if refired Retired Crane Rigger	B & O.RR.	Poland		USA
13. FATHER'S NAME	0,141	14. MOTHER'S MAIDEN N	AME	
Moore		Unka	OWN	
15 WAS DECEASED EVER IN U S ARMED FORCES? 16	SOCIAL SECURITY NO	NFORMANT	Addres	3
[Yes, no, or unknown) [If yes, give wor or dates of service)	Vir	s Stella Mod	ore.5201 Bens	son Ave #27. Md
18 CAUSE OF DEATH [Enter only one couse per l		4.		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	A = 10 - 26 .	Ala. in	A	ONSET AND DEATH
1MMEDIATE CAUSE (6) C	- Compression	- Van-IV	nss.	
Conditions of any subset \	ander	Carling	Remodel	19 bh
gove rise to immediate		or cro be		
couse (a), stating the under (but 10 lying couse lost. (c)				A
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	FAL DISEASE CONDITION GIVEN	1 IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT COND TIONS  200 ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pr	ort I or Port II of 'tem (B)	1.00 1.00
Hour o m. White		ACE OF INJURY (Home form, ctory, street, office bldg., atc.)	20f (City or town)	(County) (State)
₹ p. m. 19 ol wo				
21. I certify that I attended the decea	sed fram / 9 7	7, 19 , ta +0	L16 1959A	at I last saw the deceased
alive on 3 19	5_9_, and that death	accurred at 3 2	M, fram the causes and	an the date stated above.
h 0,	1	, , A	DORESS (Street city or town st	DATE SIGNED
SIGNATURE OF E	lt-on	M.D. 6.27	V Deldy	W 2/17/2
PHYSICIAN'S TUE WI	0025			1.//3/
220 BURIAL, CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	county) (Stote)
Burial Feb. 19/59	Loudon Park	Cem.	Balto.Md.	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D		RAR'S SIGNATURE
Witzke Funeral Dir.410	01 Edmondson	Ave. DATEEB	1 9 '59	. 1.0



01597		N.	1	5	9	7
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1601

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Paging

may be retained the hospital or ottending physicion.

O FUNERAL DIFFATOR: After this certificate has been signed by the ottending physician and confesterly filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

TO FUNERAL DI

VS A1S (4) 15M 10/57

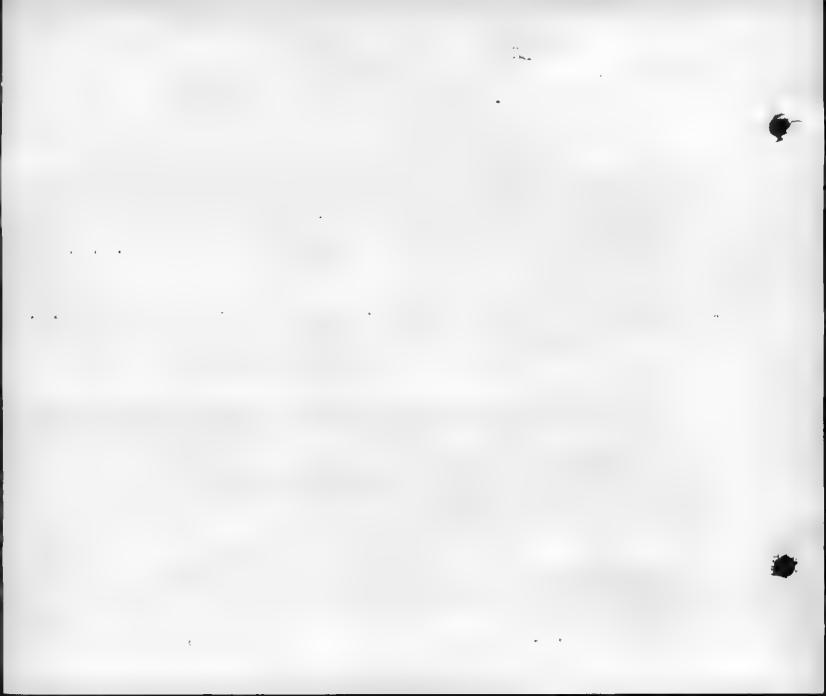
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENC o STATE Marvla	E (Where deceased lived If institution: Reb. COUNTY	sidence before admission)
b CITY OR TOWN (I RURAL and give n	f autside corporate limits, writ	c. LENGTH OF STAY IN 15		If outside corparate limits, write RURAL	and give negrest town)
Fort Howan		12 Days	830 N.	Bentalou St., Baltim	nore,
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stre	eet address)	d. STREET ADDRE	SS	e. IS RESIDENCE
	dministration	Hospital	830 N.	Bentalou Street	YES NO TO
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	JOHN	R.	MUTR	OF DEATH ENDING	25 1950
5. SEX			B. DATE OF BIRTH	P AGE (In years   IF UP	IDER I YEAR IF UNDER 24 HRS
Male		WED DIVORCED	Tamasama 00	lost birthdoy) Mon	ths Days Hours Min
10a. USUAL OCCUPATIO	ON (Give kind of work done )	06. KIND OF BUSINESS OR INDU	January 29		CITIZEN OF WHAT COUNTR
Laborer	king life, even if retired)	Shipyard		lphia, Pa.	
13. FATHER'S NAME		onizpyata	14. MOTHER'S MAIL		U. S. A.
John Muir					
	R IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17. I	Tola Selb		
(Yes no. or unknown)	(if yes, give wor or dates of service)			Address	
Yes	WWI		Lin/Rec., Ve	t.Adm.Hospital,Ft.H	oward, Md.
	iTH [Enter only one couse per	line far (o), (b), and (c)			INTERVAL BETWEEN
	TH WAS CAUSED BY. IMMEDIATE CAUSE (6)	. BRONCHOGENIC C	CARCINOMA.	RIGHT LOWER LOBE	ORNET AND DEATH
1/21	XXXXXXX W	ITH METASTASIS T			UNKNOWN
Conditions, if a gove rise to i cause (a), staling lying cause lost.	mmediate DUE TO				
PART II. OTH				TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES 1 NO 1
UF EITHER, NOTIFY	MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURRED	O. (Enter nature of injur	y in Port 1 or Port It of item 18 )	
20c. TIME OF INJUR Hour o. m. p. m.	Whi		ACE OF INJURY IHome, story, street, office bldg	form, 20f. (City or town)	(County) (Slate
21. I certify th	at Mattended the dece	osed from January 1	1 1959 to	February 25, 1959 Abo	K.Y. IAYYYAYAY YIKAYAYAFARI
ACTUAL SIGNATURE	her the	XXXX and that death	occurred at 10	200PM, fram the causes and a ADDRESS (Street, city or lown, state)	n the date stated abar DATE SIGN
		V			
PHYSICIAN'S NAME (Type)CH	TEN WEI LAN. N	(.D.	VAH FORT	HOWARD MARYLAND	2/26/5
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or cour	(Slote)
REMOVAL (Specify) Burial	3/1/1959	Oriole Cemet		Oriole, Maryland	
3. FUNERAL DIRECTOR	]	808-10 N. Monro	e St. 24a	REC'D BY REGISTRAR 24b. REGISTRAR AR 2 59	
Arlington-	S. Philling I	Baltimore 17. Md	DATE	MIL TO CO	- AUA



death;



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9.1

VS A15 (4) 15M 10/57

N.

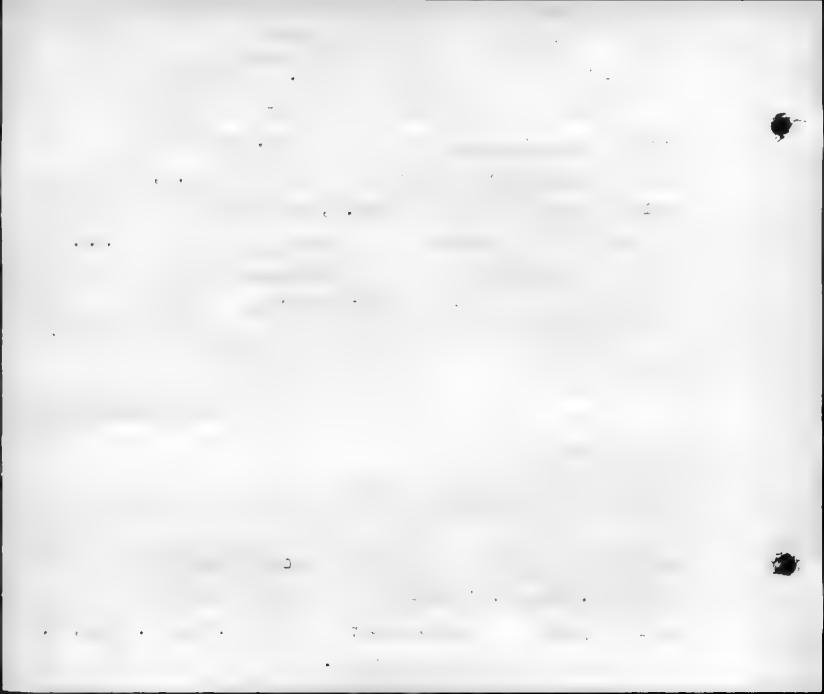
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01599

1603	CERTIFICA	ATE OF DEATH	Re	eg. Dist. No.
PLACE OF PEATH d. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Md.	b COUNTY	Residence before admission)  Baltimore
b CITY OR TOWN (If autside corporate fimits, w RURAL and give nearest town)  Towson	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	uside carporate limits, write RURA	L and give nearest tawn)
d NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION  Convent of the Mission		d. STREET ADDRESS	W. Joppa Road	e. IS RESIDENCE ON A FARM? YES NO Y
3 NAME OF First DECEASED	Middle enceslaus Neary	Lost	4. DATE Month OF DEATH Feb. 1.	Doy Year 1959 19
5. SEX 6 COLOR OR RACE 7		B. DATE OF BIRTH	9. AGE (In years IF)	UNDER 1 YEAR IF UNDER 24 HRS anths Days Haurs Min
Oa. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNT!
3. FATHER'S NAME Patrick N		14. MOTHER'S MAIDEN N		Vapana
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or dates of service)	16 SOCIAL SECURITY NO 17 I	nformant onwent Record	Address 5	
PART 8. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-</u> lying cause lost.  PART 8. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	TETTETES	PERFORMED?
OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Part (1 of item 18.)	C YES NO
Haur a.m. v	20d, INJURY OCCURRED  While Nat while It wark	ACE OF INJURY Home, form, clary, street, office bldg, etc.	20f. (City or town)	(County) (State
21. I certify that I attended the decalive an 12 minus N		accurred at DA	M, from the causes and DORESS (Street, city or lawn, state York Road	an the date stated aba
	F. O'Donnell	7510	York Road	
270 BURIAL, CREMATION, REMOVAL (Specify)  Burial  2/4/59	22c, NAME OF CEMETERY O	tery	22d LOCATION (City, town, or co	d. Towson, Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 4-4611 Park Heigh	EEE.		AR'S SIGNATURE



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1489	CERTIFICATE	OF DEATH—BALTIMORE,	

01600

					KAR' DIN'	TWO.
	1. PLACE OF DEATH OCUNITY BG (1911070	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived If institut		petary admission)
		LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou	ylide corporale limits, write i	RURAL and give	negrest town)
	Tundalk	6 Weeks	,	Mustbee	-	, , ,
9	or INSTITUTION	[ [ ] ]	d STREET ADDRESS	to the		e. IS RESIDENCE ON A FARM?
	FILT Your nurry	1/040	DIT KI	encen x+0"		YES NO X
	3 NAME OF DECEASED (Type or print)	Middle	Ostronz	4. DATE Mor OF DEATH	nih L	17 19x 9
	S SEX   6. COLOR OF RACE   WMARRIE	D NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost birthday)		EAR IF UNDER 24 HRS.
	demale. White WIDOWED	<del></del>	July 31-18	87 7/ ms	Months Do	ys Hours Min
	<ol> <li>USUAL OCCUPAT ON (Give kind of work dane 10b. Kind during most of working life, gen if retired)</li> </ol>	11	STRY II DIRTHPLACE (Stole o	or foreign country)	12 CITIZEN	OF WHAT COUNTRY
	House Cufe	House	Mary	aled	(	1218.
	13. FAIRERS NAME		14 MOTHER'S MAIDEN NA	51.6	1.1041	
	IS WAS DECEASED EVER IN U. S. ARMED FORCES 16. SC	OCIAL SECURITY NO. 17 III	NFORMANT	ery yes	iva LL	
	(Yes, no. or unknown) (If yes, give wor or dates of service)	1-32-7548 AM	ro J. B. Clif	tou 3548	Perter	Il alestea
	18. CAUSE OF DEATH [Enter only one cause gas line	1 //- 1	Vac 10		l c	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	. OT MEAD	O+ CARE	um with		
	/53.0 DUE TO	10001 1001	Metasta	<u>3</u>		2 mos.
	gave rise to immediate	VERALIZED	MEINZIN	2.2		V 1110 3.
	cause (o), stating the under-					
	Part II OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(c	19 WAS AUTOPSY
	CAT				·	PERFORMED?
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	(Enter nature of injury in Pr	art I or Part II af item 18.)		
	÷	Total Control	CF OF INJURY (Home, form, tory, street, office bldg, etc.)	20f. (City or town)	(Coun	ify) (Stote)
	While at work	. 101 11116		Feb		
	21. I certify that I ottended the deceases	from Dev 19	125810519	7.17.195	Gthot I lost	sow the deceased
	olive on 1977: 16- , 196	7, and that death		M, from the causes		dote stated above
	ACTUAL TYPE BANK	15 1	6000 m	DDRESS (Street, city or town,	state)	DATE SIGNED
	SIGNATURE	<i>N S</i>	W.D. Q D Q 111	OICIVING TON	VICOY	V 7/17/59
	PHYSICIAN'S M-B DAVI	s Mn	DUNDAH	1c-27 m	L.	
	220 BURIAL CREMATION, 226 DATE THEREOF	224 NAME OF GEMETERY OF	CREMATORY .	22d. LOCATION (City, town,	or county)	(State)
	Auria 12/11/17	Bakers &	Elwelery	alexees	1 7116	Exyland
	23 FUNERAL DIRECTOR'S SIGNATURE	ABDRESS XDADL THOK	elase 72/a. REC'D		ISTRAR'S SIGNA	TUPE
	There is a second	A TOTAL PAR TOTAL	DATE FEE	315'59	The state of the	are d



MEDICAL EXAMINER'S CERTIFICATE OF DEATH stary, please exitte Page 4 should be cremetica F 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY 77 b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest fawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street; address) d. STREET ADDRESS dir NAME OF First Middle 4. DATE DECEASED DEATH (Type or print) NAT 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH EUNDER TYFAR # Months WIDOWED I DIVORCED [ yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) YOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address "74/0"/ (If yes, give wer or dates of service) 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). CCLUSION PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420,1 DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 0 20g. EXTERNAL CAUSE WAS DESCRIBE HOW DOURY OCCURRED. (Enter nature of injury In Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should 20d. INJURY OCCURRED 206. PEAKE OF INJURY Home, form, 20c. TIME OF INJURY Month, Day, Year 1 20f. (City or town) factory, street, office bldg. etc.) Not while A 100 p. m. 2). I certify that I took charge of the remains described above, held an Autopsy , Inspection I Inquiry II and find that death resulted from: Natural causes Accident Suicide . Homicide . Undetermined cause . CHIEF MEDICAL EXAMINER SIGNATURE M.D. orworded FUNERAL ASSISTANT MEDICAL EXAMINER rmmoval DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01601

e. IS RESIDENCE ON A FARM? YES NO T

Year

IF UNDER 24 HRS.

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO JE

(Stote)

(Stote)

(County)

DATE MAR 2

Reg. Dist. No.

VS. A15ME(5) 5M 9/55



TO HOSPITAL OR

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1605 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

01603

1		PLACE OF DEATH		2. USUAL RESIDENCE (Where deced		nce before admission)
	`	Baltimore Baltimore	MARYLAND	o. STATE	b. COUNTY	4
	£	CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and	give nearest town)
		RURAL ond give neorest town) Rural - Townson	18 months	TAIDILERT	- OBT'S	BOITE / NO.
0	<b>—</b>	OR INSTITUTION EUCOWOOD Sanate		d. STREET ADDRESS	City	e. IS RESIDENCE
1		ORINSHUHON EUGOWOOD Sanate	orium	PhaRla	c c, T	ON A FARM? YES NO Z
	3 )	Towson L. Mary		<u> </u>	3 3 /	TIS LI NO ZI
	1	NAME OF DECEASED [Type or print]	Middle	Losi 4. DATI		Day Year
	<u> </u>	//4////	e Juenana	M GENEN DEA	10,01	1 195 9
	5. 5	14/		B DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	Doys Hours Min
		/ // WIDOW!		8/3//10/3	83 m.	20)* 110012 WIIII
	10a.	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole or foreign	country) 12 CIT	TIZEN OF WHAT COUNTRY
		none		120/10, m	di	1. S. H.
\	13,	FATHER'S NAME	7	14 MOTHER'S MAIDEN NAME	2 /	
١		11494 man	wen	mary	Bucha nan	
1	15.	WAS DECEASED EVER IN U S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 II	NFORMANT Personal H	7 47 44 7 7	
	(10)	. no ar unknown) (If yes, give war or dates of service)	H	ospital Records, I		rium
		18 CAUSE OF DEATH [Enter only one couse per lin			3444	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY.	9 1	Ry Tubercu	· lacic	ONSET AND DEATH
		IMMEDIATE CAUSE (6)  DUE TO	- ULMONA	ey luberco	2 10 3 / 3	18170.
		500.15		1		
		Conditions, if any, which (b) (b)				
		couse (o), stoting the under-				
	7	lying couse lost. (c)		Line Control of the C		
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PAR	T 1(0) 19 WAS AUTOPSY PERFORMED?
Į.	ŭ		HONE			YES X NO 🗆
	CERTIF	OR CONTRIBUTING 1 LEAUSE OF DEATH I	TRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Port I or F	ort II of item 18.)	
	l - I	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	11		ACE OF INJURY (Home, form, 20f (Citory, street, office bldg., etc.)	ily or town) (0	County) (Stote)
	MEC	Plour o. m. 19 While of work		ory, with oritical biographics		
		21. I certify that I attended the decease	ed from Mulay	D 1057 10 75 EA	21 1059 should	last saw the december
		alive an F 56. / 19.5	-9 and that doubt	accurred at BP M, fr	- Marine Market	tast saw the deceased
	Н		and mor deam		am the causes and an ti (Street, city or lown, state)	ne date stated obave.  PATE SIGNED
		ACTUAL ) 11, 24m ()	11:00		. ,	
í	П	SIGNATURE		M.D. Eddowood De	anatorium - Tow	Bou the Mare
		PHYSICIAN'S NAME (1994) Milton B. Kress.	ar n			
	272					
	120.	BUR AL, CREMATION, 276, DATE THEREOF	22c. NAME OF CEMETERY OF	L CREMATORY 22d LOC	CATION (City lown, or county)	(Stole)
	1	Junia 1715-41959	01 400	unes wi	mapites	ma
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g REC'D BY REG	Λ	SNATURE
	11	EMMINE KEND 1 HD	WG 4905-10.	DATE FEB 4	'59' C : 1 8	House



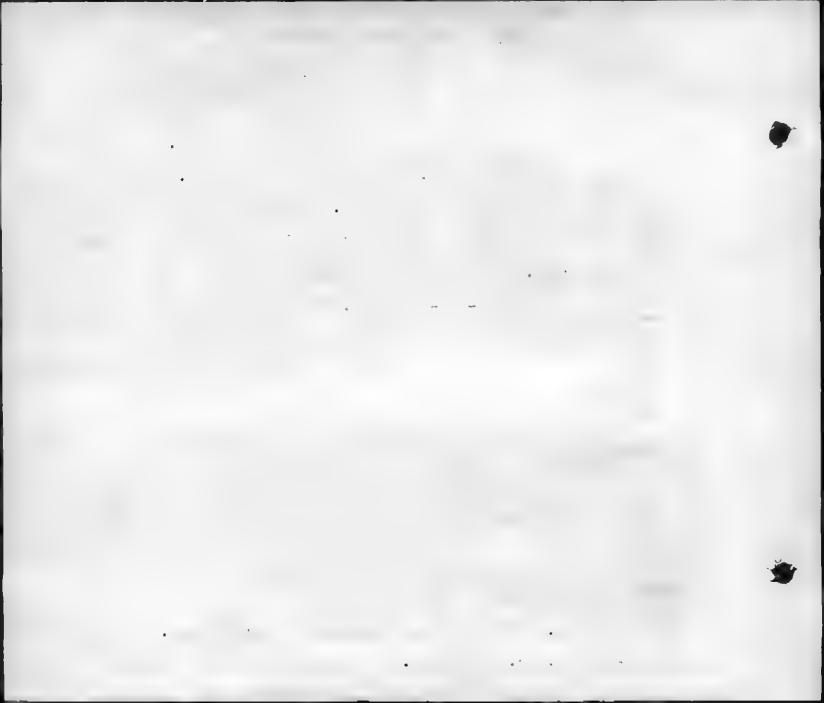
		*
0	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page	s ofter death Page
	by the haspital or otherding physician.	4
-	COOR: After this certificate has been signed by the attending physician and completely fulled in	funeral director.
7	I be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	2 should be filed with
3	one to been been been an empound and in one about within 20 bears after death	(

**CERTIFICATE OF DEATH** 

01604

1606 Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY Baltimore b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town)
IOWSON Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 907 Southerly Rd. YES NO 4. DATE NAME OF First Middle Lost Month Year DECEASED THORNE Feb. PARRY 11 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost bictbday) 59yn Months Days Hours Male White WIDOWED | DIVORCED T Nov. 25, 1899 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk Balto County USA Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Milford M. Parry Emma Thorne IS WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Kra Parry, 2203 No South Rd. Balto 18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INFANCILLA IMMEDIATE CAUSE (a) 64 JA 636 E DUE TO Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES TO NO F 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur o.m. Not while of work of work 19.51, that I lost sow the deceased 21. I certify that I ottended the deceased from , and that deoth occurred of  $\mathcal{S}^{-\frac{1}{2}}$ IT M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 27d, LOCATION (City, tawn, or county) (State) Burial (Specify) Feb. 14/59 Hereford Baptist Hereford . Md . 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 1 3 '59 Cir hal & Fraus Wm Cook-Towson, Inc. TowsonmMd.

TO FUNERAL II



ofter death, Page 4

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	. Its CTOR: After this certificate has been signed by the attending physici	juild be detached for use as the burial-transit permit. Then please remove	e briggs to busing preparation or removal and in any event within 72 hours
	gned by	permit.	in any
a, by the hospital ar attending physic an	te has been su	burral-transit	remarkal and
pua	ical	÷	č
pital ar atte	er this certif	for use as	Cremation
by the hos	CTOR: After	be detached	or to burial
D	3	Plo	L DC

VS A15 (4) 15M 9/S5

II. PLA	COUNTY		a. STATE	deceased lived 13 institution R	(es dence befare admission)
/	Baltimore	MARYLAND	Marylai	nd b COUNTY B	altimore
	CITY OR TOWN (If autside carporate lim ts, writ URAL and give nearest town) Cockeysville	c. LENGTH OF STAY IN 16	Cockeysv	de carporate limits, write RURAI <b>ille</b>	L and give necrest tawn)
d b	NAME OF HOSP TAL (If not in haspital, give stre	eet address)	d STREET ADDRESS		e IS RESIDENCE
	York Rd.		York Rd.		AEZ U NO W
DEC	ME OF Erst EASED Thomas	Howard Pat		DATE Month OF DEATH 2-6-5	Day Year 9 19
5 SEX	6 COLOR OR RACE 7 M	ARRIED 🔣 NEVER MARRIED 🔲	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
		OWED DIVORCED	5-14-1875	83 yrs	
10a. U!	SUAL OCCUPATION (Give kind of work done It		1	reign country)	12. CITIZEN OF WHAT COUNTRY
		Balto.Co.Road			U.S.A.
13. FAT	HER'S NAME		14 MOTHER'S MAIDEN NAME		
/	John Patterson		Margaret		
	as DECEASED EVER IN U. S. ARMED FORCES? If unknown) If yes, give war or dates of service)		NFORMANT	Address	
1	no	???? Ka	therine Patte	erson	above
18	CAUSE OF DEATH (Enter only one cause pe	r line for (a), (b), and (c)	A: 1/0 +	· Q ,	INTERVAL BETWEEN ONSELAND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	LORLOSCHOR	ouc Hear	Viscage-	nus
114	TO DUE TO	· ~-A	. 0 .		0
	Canditians, if any, which (b)	low writer	coxclerasis		Y
C	ouse (a), slating the <u>under-</u> DUE TO	2 00		Q-1-A- 1	1100
	ying cause last.	nouchopi	10umonia	Bulalora	2 4-8 ms
CATION	PAIT II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	ANOT RELATED TO THE TERMINAL	D SEASE CONDITION GIVEN I	PERFORMED?
	Hypero	ophied 1	100xasa		YES NO
	G ACCIDENT WAS UNDER HIGH TO TOO E R CONTRIBUTING TO CAUSE OF DEATH EITHER, NOTIFY MEDICAL TRAMINER!	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part	I ar Part II at item (6)	
WEDICAL 20x		£	ACE OF INJURY (Home, form,   2	Of (Cily or lown)	(County) (State)
MEC		wark at work	, , , , , , , , , , , , , , , , , , , ,		
21	. I certify that I attended the dece	ased from Sept.	. 1938, to 3	-6-, 1959,1h	nat I last saw the decease
al	live on 2, 19	59 and that death	occurred at 4.30 AN		on the date stated above
	DARAGI	A		RESS (Street, city or town, state	
	CTUAL CHARLES OF A	Vijo II	M.D. 3105 91	Charles St	18.2-7-3
PH	IVSICIAN'S	Day!	92 as	· Qui	1
	AME (Type)	<u> </u>	- Pallu	1100-1-1M	Q.,
220. BI	URIAL, CREMATION, 226. DATE THEREOF EMOVALISPOSITY  2-8-59	22c NAME OF CEMETERY O		LOCATION (City town, or co	1,1
		St. James		Monkton, Md	
23 FUH	NERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D BY	1.0250	R'S SIGNATURE
7.	MULLIPHERY 022 Y	ork Rd. Towso	m 4, Md LDATE LD	arth.	1. 8 Km



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# "			1003	CERTIF	CAL	e OF DE	AIT		Re	g. Dist. N	0.	
1	1	PLACE OF DEATH O. COUNTY Balt	imore	MARYL	- 11	USUAL RESIDEN	CE (Where dece yland			Residence bel		ar)
1)		B CITY OR TOWN (For RURAL and once neare Phoe	utside carporate limits, wr est lown) <b>DIX</b>	ite c. LENGTH OF STAY IF	4 1b	c. CITY OR TOW		arporate limits,	write RURA	L and give n	earesi lawn	}
		OR INSTITUTION	(If not in haspital, give st land Ave.	reet oddress)	1	d. STREET ADDI	yland	Ave.				DENCE FARM? NO M
	3.	NAME OF DECEASED (Type or print)		Middle Le Kenney	Pear	lost *C <b>e</b>	4. DA		Month 2-21	-59	1	fear   9
	1	emale	white win	MARRIED MEVER MARRIED OWED DIVORCED	0 3	4-189	1	9 AGE (Id lost bir	7	onths Doys		R 24 HRS Min.
	L	housewi	life, even if retired)	106. KIND OF BUSINESS OR		Mary	land	gn country)		U.S	OF WHAT	COUNTRY?
	13.	FATHER'S NAME			14	. MOTHER'S MA		_				
	_		Kenney			Flore	nce	Bosso				
			N. U. S. ARMED FORCES? res, give wor or dates of service)	16. SOCIAL SECURITY NO.	17 INFO				Address			
		no.		none	J. N	organ	Pearce	•	abo	ve		
				er line far (a), (b), and (c)	-	1	A			0.1	TERVAL BE	
		PART I. DEATH	MAS CAUSED BY:	y Revenuin	1 Car	while Va	iscula	Renal	Ohre	ul	10	car
		442X	DUE TO	11								
		Conditions, if any,										
		gave rise to imm										
	L	lying couse last.	) (c)									
3	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTR BUTING TO DEAT	TH BUT NO	RELATED TO TH	E TERMINAL DIS	EASE CONDITI	on Given i	IN PART 1(o)	PERFO	RMED?
			UNDERLYING (1) 206 CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED (E	nter nature af in	jury in Part Lar	Port II of item	18.)			
	MEDICAL	20c. TIME OF INJURY Have a. m. p. m.	, W	Pd. INJURY OCCURRED  /hile Not while  work at work	PLACE factory.	OF INJURY (Ham street, office blo	ne, form, 20f dg., etc.)	(City ar town)		(Count)	()	(State)
	П	21. I certify that	I attended the dec	ceased fram		., 1957, 1	0 7-eh	2/	19 <i>59</i> th	nat I last	saw the	deceased
		alive an 7-	eh. 20	19 3 9 , and that	death ac	curred at	10 AM.	ram the ca	uses and	an the d	ate state	d abave
				8,				5 (Street, city o			/ 04	TE SIGNED
		ACTUAL SIGNATURE	1. M. T	rance	M D	1	art	town	mil	2	2/23	15-9
1		PHYSICIAN'S NAME (Type)	A.M. 1	PRANCE			y and the sign of			· • • • • • • • • • • •		
	22	BURIAL, CREMATION, BUTTET	22b. DATE THEREOF 2-24-59	Clynmali				cation (City.			(Slate	:)
•	23	FUNERAL DIRECTOR'S S L. ANDUBU		York Rd.,T	owsor		REC'D BY RE	GISTRAR 24		R'S SIGNAT		

TO HOSPITAL OR may be retar VS A15 (4)

page 3 should the registrar p

the hospital or attending physician.

The hospital or attending physician.

After this certificate has been signed by detached for use as the burial-transit permit.

funeral director, uld be filed with

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after death, Page

requires that the death certificate be executed within 24 hours

ed by the attending physician and campletely filled rmit. Then please remove carbon papers. Pages 1 any event within 72 haurs after death



CERTIFICATE OF DEATH

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C. thur & Trans

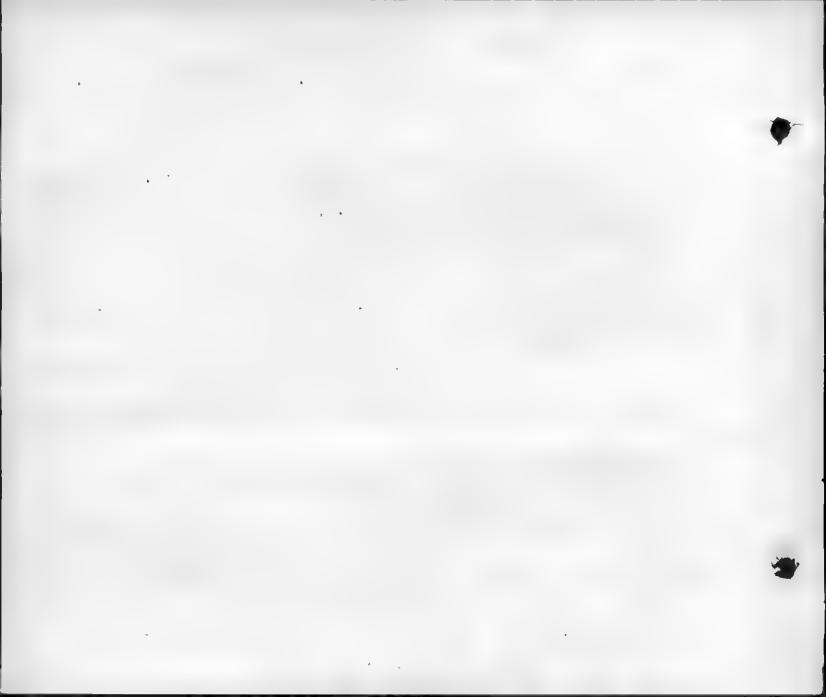
1609 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY Balto. b COUNTY MARYLAND Balton b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give négrest town) RURAL ond g ve nearest lowed OWINGS Wills 4 Years Owings Mills d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Wilgate Road 119 Wilgate Road YES TI NO TO NAME OF First Middle 4. DATE DECEASED Helen Patrusik Feh. (Type or print) DEATH 59 10 6. COLOR OR RACE 7. MARRIED TANEVER MARRIED 5 SEX 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Pemale Hours White Feb.2.1880 WIDOWED | DIVORCED | 10o. USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Hungary U.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Popp IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) None Mrs. Mary Nolan. Owings Mills. Md. No 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(th) 19, WAS AUTOPS PERFORMED? YES IT NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year (County) (State) House o. m. factory, street, affice bldg., etc.) While Not while at work or wark o. m. October 21. I certify, that I attended the deceased from 7. that I last saw the deceased and that death accurred at 65 15 A.M. from the causes and an the date stated above ADDRESS (Street, city PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) New Cathedral Baltimore, Md. Mar.2.1959 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEMAR 2

J.F. Eline & Sons, Reisterstown, Md.

0 15M 10/57

pode



Fairview Methodist

ADDRESS

York Rd., Towson4, Md.

2-18-59

**PUNERAL DIRECTOR'S SIGNATURE** 

Phoenix, Md.

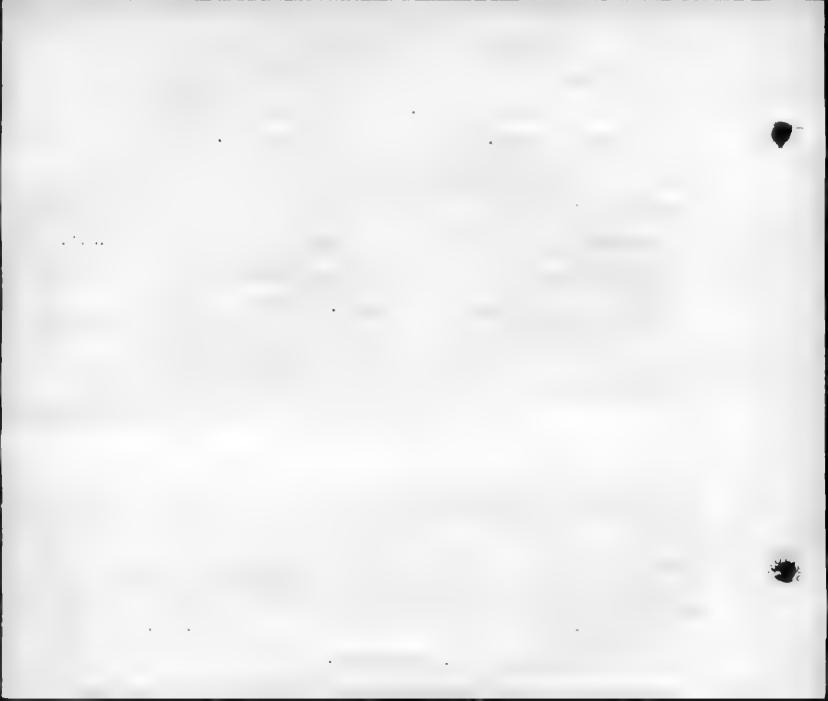
246. REGISTRAR'S SIGNATURE

C times & Ferres

240. REC'D BY REGISTRAR

DATE FEB 1 9 '59

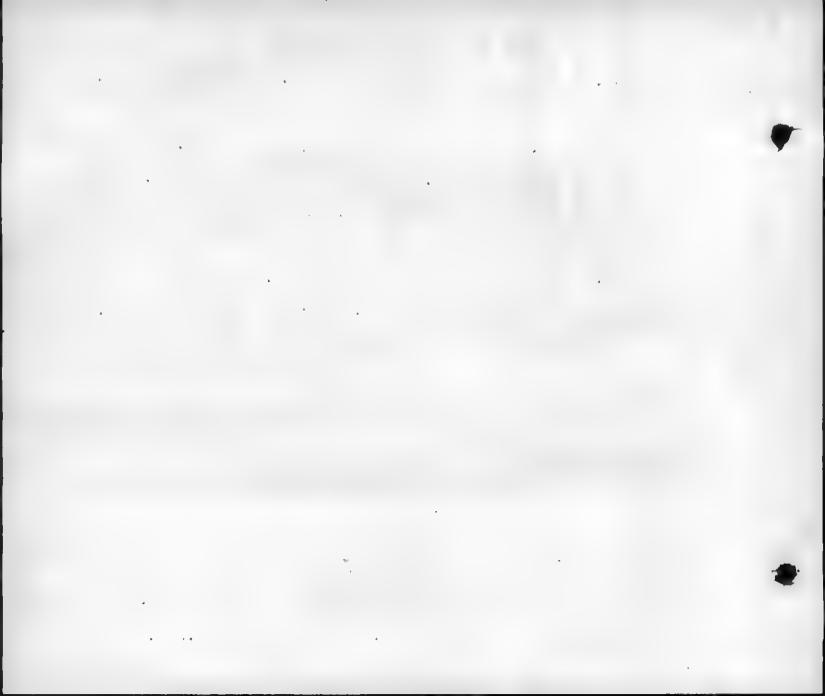
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19

(Stote)

(State)



12	CERTIFICATE	OF	DEATH

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	L		101	<u>.                                    </u>	GERTIFIC	D-MP-111	R	Reg. Dist. No.						
		LACE OF DEATH				2 USUAL I	RESIDENCE (Wh	ere deceased live	ed. If institutions	Residence before	admission)			
	L	13	ALTI MO	RE	MARYLAND	0. 31	MARYLIND 6. COUNTY							
	t	RURAL and give ne	outside corporale limits, varest town)		H OF STAY IN 16		OR TOWN (If o	utside corporale	limits, write RUR/	AL and give near	est lown)			
		COCK	EYSUILLE		MONTHS		[3 A	LTIMO	RE	1 / 1				
	(	AR INSCRIPTION	AL (If not in hospital, give				ET ADDRESS	RICHA	00 0	· /= •	IS RESIDENCE			
		1	MITSONIC	1+0	14) E	1 7	003	PC1C17	,,,,	<u> </u>	YES D NO 🗷			
	3. 1	NAME OF DECEASED	First	_	Middle	P	lost	4. DATE OF DEATH	Month	Day	Year			
		(Type or print)	FRIT			POHL		<u> </u>	FFB	13	., - ,			
	5. S	And the second	6 COLOR OR RACE 7.	20 4		8. DATE OF 1		7 2 9.1	gut birthday) N	Index I YEAR I	F UNDER 24 HRS. Hours Min.			
	10.	MALE	WHITE		DIVORCED					15 6171761 08	WHAT COUNTRY			
	100.	during most of work	N (Give kind of work done ing life, even if retired)		"AIL	JUSIKT III. BIKI	la a	or foreign counti	**		VAN COUNTRY			
1	12	MERCH FATHER'S NAME	ANT	1761	714	14 MOTH	ER'S MAIDEN N				7 3.			
į	3.	ANT	ON POH	L I		14 MOTH	EMI		GOER	ING.				
	15		IN U. S. ARMED FORCES		CUBITY NO. 117	INFORMANT			Address					
			If yes, give war or dates of service			Fran	& L. S.	with &	Core		eli, ny			
		18. CAUSE OF DEA	TH [Enter only one cause	per line for (o),	(b), and (c).]					INTER	VAL BETWEEN			
		PART I. DEAT	TH WAS CAUSED BY.  IMMEDIATE CAUSE (0)	Cor	onand	7	nnos	m bre	10-	UNSE	T AND DEATH			
		420.1	DUE TO			1								
	Ш	Conditions, if or	iy, which ) (b)	ard	eris "	Doch	11 Tu	e Care	Lio					
	П	gove rise to in couse (o), stoling t	nmediate (	1.7			-1							
	П	lying couse lost.	) (c)	Va	cule	3	our	حمد	<u> </u>					
i.	CATION	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUT	TING TO DEATH B	UT NOT RELATE	TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN	IN PART 1(0) 19	WAS AUTOPSY PERFORMED?			
-										· •	YES NO			
	CERTIF	OR CONTRIBUTING	☐ CAUSE OF DEATH	o. DESCRIBE HOV	V INJURY OCCUR	RED (Enter notu	re of injury in f	Port I or Part II o	of item 16.)					
	I ". I	1	MEDICAL EXAMINER)			A	******	1000						
	WEDICAL	20c. TIME OF INJURY Hour b. m.		20d. INJURY OC While Not	while	foctory, street, o	RY (Home, tarm ffice bldg., etc.	. 20f (City or t	town)	(County)	(State)			
	×	р. т.		ot work 🔲 at w				1						
	Ш		at I attended the de								w the deceased			
		alive an	2-1/	19.2.7,	and that dea	th accurred					stated abave			
	Ш	ACTUAL	Maltu	T. K	us	./	0 1	ADDRESS (Street	city or town, sto	10)	2/13/			
,		SIGNATURE				_ M.D	eth	ysand	Legita	£7				
f		PHYSICIAN'S NAME (Type)							~~~~~					
	220	BURIAL, CREMATIO	N, 225. DATE THEREOF	22c. NA	ME OF CEMETERY	OR CREMATOR	Υ	22d. LOCATION	(City, lown, or c	ounty)	(Stote)			
		BURIAL (Specify)	2-16-59	Lo	udon Pa	rk Ceme	tery	Balt	imore					
		FUNERAL DIRECTOR'S		217 St.	Paul Str	reet		BY REGISTRAR		AR'S SIGNATURE				

may be retained by the haspital ar ottending physician.

TO FUNERAL C. CTOR: After this certificate has been signed by the attending physician and completely filled in it. funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer death. TO HOSPITAL OR

ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours efter death. Page 4



VS A15 (4) 15M 9/55 7

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ŀ	MAKTLAND	SIAIE DEPAKIN	MENT OF HEALTH-BALL	IIMOKE, 15	04014				
	7,615	CERTIFIC	ATE OF DEATH	Reg. Dist.	No. 111011				
	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased o STATE Maryland	lived. If institution, Residence b. COUNTY	before admission)				
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore						
İ	d. NAME OF HOSPITAL (If not in haspitol, give street OR INSTITUTION  Armacost Nur.	sing Home	d street Address 4702 Loch Raven Blvd  o is residence on a farm? YES \( \) NO (\)						
	S. NAME OF DECEASED (Type or print) Mrs. Morca	Middle	lost 4. DATE OF DEATH	Month February	Doy Yeor 9th 1959				
		RIED NEVER MARRIED DED DIVORCED	Sept 23, 1894	9. AGE (In years Jost birthdoy) Months D	YEAR IF UNDER 24 HRS. Pays Hours Min. EN OF WHAT COUNTRY?				
	during, most of working life, even if retired)  Housewate 3. FATHER'S NAME		Baltimore. Ma	aryland	USA				
Frank Armiger Elizabeth									
	5. WAS DECEASED EVER IN U. S. ARMÉD FORCES? (You no or unknown) (If yes, give wor or dates of service)	44	rs. Margaret E.		oncum, Md. dgemoor Rd				
	18. CAUSE OF DEATH [Enter only one couse per ly PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	the for (a), (b), and (f)	d Me to tas	w	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gave rise to immediate (b)	ancel o	1 Cervey		1954				
	cause (a), stoting the under- lying couse lost.	V							
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTIONS OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO				
		CRIBE HOW INJURY OCCURR	IED. (Enter nature of injury in Part I or Port	It of item 1B )					
	20c. TIME OF INJURY Month, Doy, Year 20d I Hour o. m. 19 While p. m. 19	Nat while	PLACE OF INJURY (Mome, farm, 20f (City actory, street, affice bldg., etc.)	or town) (Co	unty) (Stote)				
	21. I certify that lattended the decease alive on 2/10/19		S, 19, to 2/9	19 <u>07</u> ,that I lo	st saw the deceased				
	ACTUAL SIGNATURE DE COMPONIO	U. YUD		reet, city or town, stote)	DATE SIGNED				
	PHYSICIAN'S Walter E. Kar			14, Maryland					
	220. BURIAL CREMATION, 226. DATE THEREOF BURIAL (Specify) 2//59	Moreland	OR CREMATORY 220 LOCAT	ION (City, town or county) Livore, Mar	uland				
	23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305	Harford Ro	ad #14   240. REC'D BY REGIST	RAR 245 REGISTRAR'S SIGN					



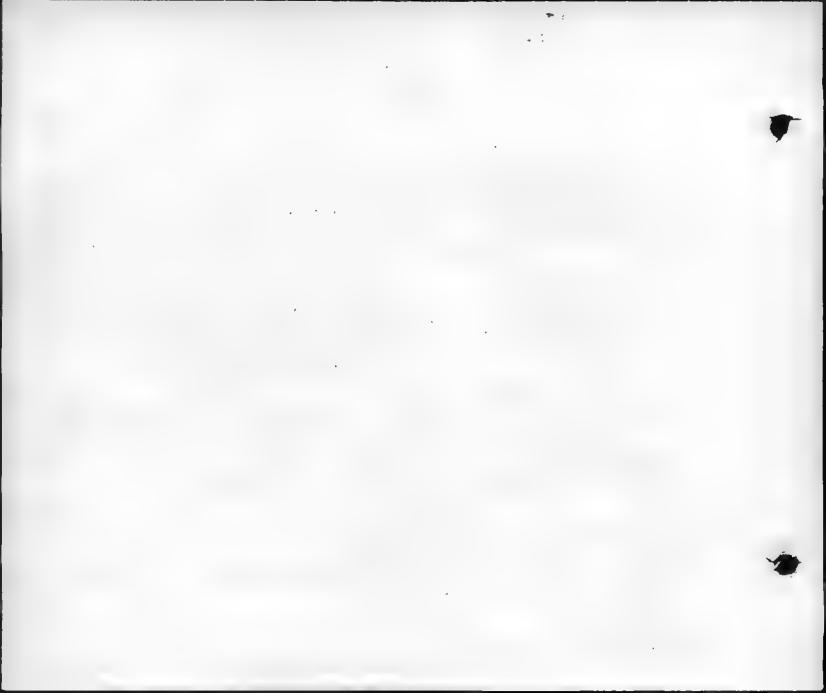
			614	CERIII	rica	HE OF D	EAIR			Rog.	Dist. No.	,	
1,	PLACE OF DEATH	Balti	толе	MARYI	LAND	2. USUAL RESIDI	larul	and.	lived. If in b. COL		111	re odmission	n)
	b. CITY OR TOWN (I RURAL and give no	f outside corpore earest town // // // // // // // // // // // // //	IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  × Parkville									
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 2211 Taylor Avenue						/d. STREET AD 2211	Tay	lori	Aveni	ue		o. IS RESID ON A F YES	ARM?
	NAME OF DECEASED (Type or print)	Dr.	(hester	. R. Middle		Pose		OF DEATH		Month Bruar		th 19	59
	male_	white	WIDOWE		0	Jan 18	,1889	7		Ors. Mant		Hours	Min.
	Phuse	king life, even if	f work done 10b K retired)	IND OF BUSINESS O	R INDUS	Yor	k Co.	Pen		12.	CITIZEN	SA	OUNTRY?
	FATHER'S NAME  Or.	Harry	W. Pose	y		Magg	. 0	iale					
¥5:	WAS DECEASED EVE 1. ng grunknown) Yes	RINU. S ARMI	ED FORCES? 16. S	7-14-109		Mrs. Ma	ry A.	Pos	ey,	Address 2211	Tayl		ve.
		ATH [Enter only ATH WAS CAUSE IMMEDIATE CA		far (a), (b), and (c).	( 4)	16	. Or	. ( ,	, .	V	ON	SET AND D	
	Conditions, if a gave rise to it couse (a), stating lying couse last.	my, which mmediate the under-	(b) DUE TO		. ).( .			. (e	362	٠ ٠ ـ ٧			
CATION	PART II. OTI	HER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITIO	N GIVEN IN	PART 1(a)	PERFOR	MEDY
CERTIFICA	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF	DEATH!	RIBE HOW INJURY O	CCURRED	(Enter nature of	injury in Po	rt I ar Port	II of ilem 1	B.)			
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m  19  19  20d. INJURY OCCURRED While Not while at work of ot wark of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of									(Stote)			
	21. I certify the alive on	TACK	the decease 195	d from Nov.	death	w.o5		Non	the cou	ses ond o town, state) venue		te stote	
22	BUR AL, CREMATIC REMOVAL (Specy) DUTLAL	3/2	THEREOF 2/59	Morelan	etery of	· ·	rk	Ва	ltimo		lary	and (Stope)	
23.	eonard birector	Signature Ruch	k 5305 H	darford h	Road	! #14	DAMAR 3	8Y REGISTI '59		REGISTRAR'		RE	





		1616	CERTIFICA	ATE OF D	EATH	et 		Reg. Dist	. No	1614
1.	PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESID a. STATE	ence (whe	_	ved. If institution b. COUNTY	n Residence		
	b. City of town (III RURAL and give ne Invers		c LENGTH OF STAY IN 16		own (If o		e limits write RU	JRAL ond gi	ve neare	est fown)
	d NAME OF HOSP T	AL (If not in hospital, give street	oddress)	d. STREET AS					e	IS RESIDENCE
	OR INSTITUTION	99 Delmar Ave.		99	) Deli	nar Ave				ON A FARM? YES NO
3	NAME OF DECEASED	First	Middle	Last		4 DATE	Moni	th	Day	Year
	(Type or print)	EDWARD	F.	POTTS		OF DEATH	Febr	uary	10,	19 59
S	SEX	6 COLOR OR RACE 7 MARI	RIED XNEVER MARRIED	B DATE OF BIRTH		9	AGE (In years lost birthday)		_	JNDER 24 HRS
F	Male	White WIDOW	ED DIVORCED	Sept. 6,	1895	5	63 yrs	MORITIS   1	Days	Hours Min
	during most of work	ON (Give kind of work done 10bing life, even if retired)				or fore gn cour	itry)	12 CITIZ	EN OF W	VHAT COUNTRY?
1	Restaurant	operator-Ret.	Restaurant	Balt	imore	Md.		U.S	. 4.	
13.	FATHER'S NAME	_		14. MOTHER'S						
		m Potts			rine	Kilten				
15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address  [If yes, gave wor or dates of services]  Margaret B. Potts, 99 Delmar Ave-22										
7	PART I. DEA  33/X  Conditions, if all gave rise to it couse (a), stating lying couse lost.	the under-	(1) CEPEBR 2) Old TRUSCIEROSI	CUA S, C	euln Ang Hg	TENE	er alize us ba	d		VAL BUWEEN
CERTIFICATION	PART II OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM!	NAL D SEASE (	ONDITION GIV	EN N PART		WAS AUTOPSY PERFORMED? YES NO
	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLY NG   206 DES   CAUSE OF DEATH   MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	in ury in f	Port   ar Port	of item 18)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m	Y Manth, Day Year 20d I While of war	Not while fo	ACE OF INJURY (Hictory, street, office	iome, form, bldg., etc.	20f (City o	town)	(Co	ounty)	(State)
	21 I certify the alive on	at I attended the decease Eb 10 19 19	ed from Ully 39, and that death					d on the		the deceased stated above DATE SIGNED
	PHYSICIAN'S NAME (Type)	JOHN E	· GESSNE	<u> R</u>						
	BJRIAL, CREMAT O REMOVAL (Specify)	- 4- 4	22c NAME OF CEMETERY C				N (City, town c	71		(Stote)
	surial	2/13/59	Baltimore	Cemetery			Ltimore,			
23	Ullrich Fu	s signature meral Home 4210	Belair Road.		DATE FE	BY REGISTRA		STRAR S SIGI	NATURE	
_								E-B-ty-12 - Company	******	A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



# funeral director, er deoth. Poge 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be relocated by the haspitot or attending physician. O FUNERAL CENOR: After this certificate flas been signed by the ottending physician and commetety filled in poge 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

may be relog TO FUNERAL

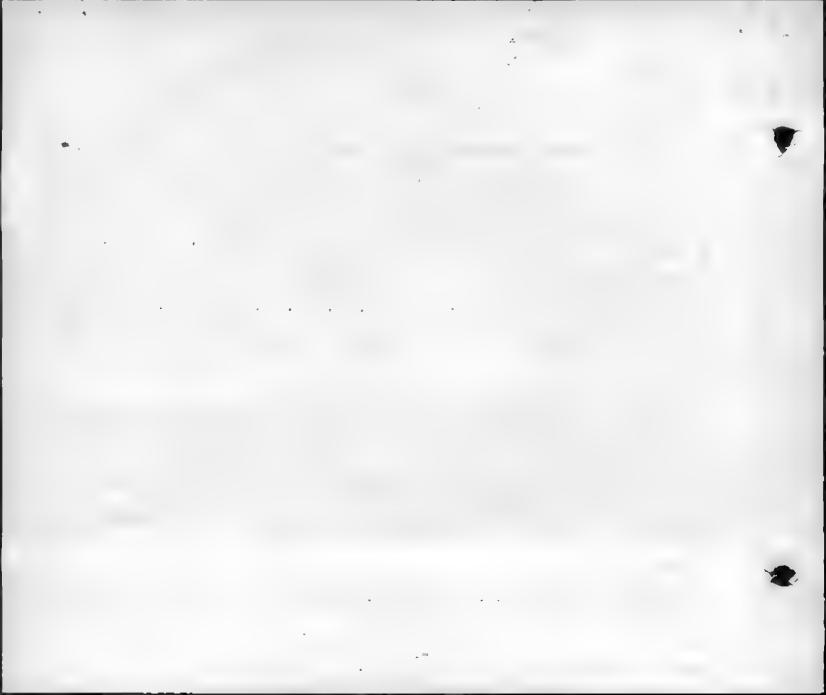
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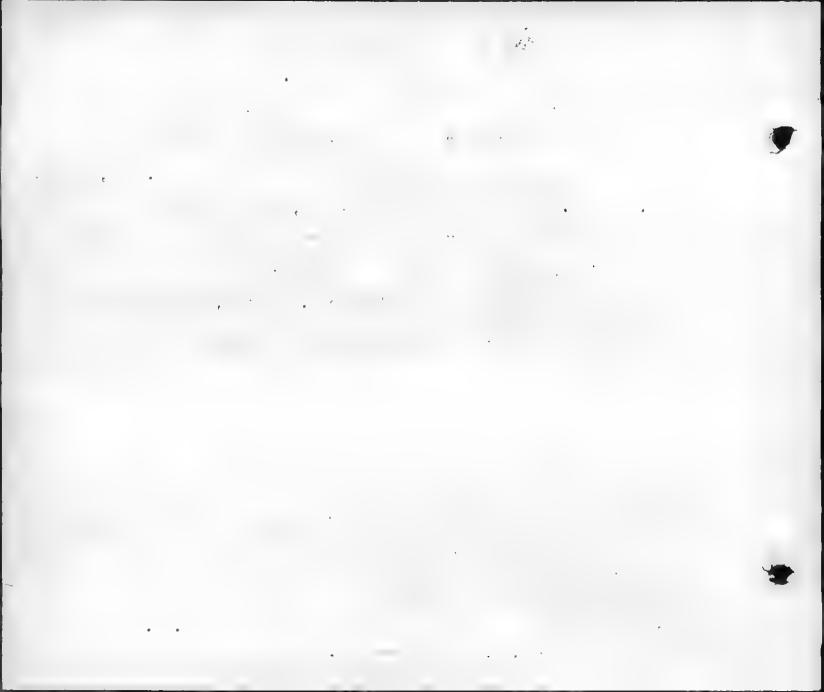
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1617

**CERTIFICATE OF DEATH** 

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. Dist. No	.01	615					
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	3 V	1.+					
	e. IS RES	FARM?					
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IDER 1 YEAR		ER 24 HRS					
CITIZEN O		COUNTRY					
ward,	Mar	yland					
ON	ERVAL BE	TWEEN					
	11016	1110					
PART 1(o)	PERFC	AUTOPSY PRAIEDZ NO					
(County)		(State)					
DODGE	SANA X	VXXXXX	7				
n the do		ed abave.					
	2/	12/59					
aryla	ind						

					Kegi Pili Ito.			
1. PLACE OF DEATH a. COUNTY Baltimox	e	MARYLAN		here deceased lived. If instituti b. COUNTY	ion: Residence before admission)			
b. CITY OR TOWN	(If outside corporate limits, w	write c LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF	autside corporate limits, write R	(URAL and give nearest town)			
Fort How		108 Days	Baltimore		(1) 2 y 1. in			
d. NAME OF HOS	PITAL (If not in hospital, give		d. STREET ADDRESS		e. IS RESIDENCE			
Veterans	s Administrati	on Hospital	785 George	Street	YES NO T			
3 NAME OF DECEASED	First	Middle	Last	4. DATE Mor	oth Day Year			
(Type or print)	FRANK	J.	PROFFITT	DEATH Februar				
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS			
Male	Colored w	DOWED DIVORCED	February 28,		Months Doys Hours Min.			
10a. USUAL OCCUPA	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTR			
	orking the, even it retired)	Shipping	East Gree	enwich, R. I.	U. S. A.			
Rigger 13. FATHER SNAME			14. MOTHER'S MAIDEN	NAME				
James Pr	~~££4++		Alice Pinde	47°				
	VER IN U. S. ARMED FORCES	? 116 SOCIAL SECURITY NO. LT	INFORMANT	Add	ract			
(Yes, no, or unknown)	(If yes, give wer or dates of service	-)			.Howard, Maryland			
Yes	WI		TTHEIRCE AGOS	ront trop by nar 3 - o				
	NEATH [Enter only one couse	•			INTERVAL BETWEEN			
1000 5, 0	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARCINOMA OF I	ANCREAS		og Months			
157	DUE TO							
Conditions, if					·			
gove rise to couse (o), statis	immediate (							
lying couse los								
Z PART II C		ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART I(a) 19 WAS AUTOPSY			
5 Operat		Exploratory Lar			PERFORMED?			
200 ACCIDENT		DESCRIBE HOW INJURY OCCU		Port I or Port II of item 18.)	III NOE			
O THE EITHER, NOTE	WAS UNDERLYING [] 206 NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)		tenes tenes majore or sidery in	Total or Total or Total Car				
	URY Month, Doy, Year		PLACE OF INJURY Home, for	m, 20f. (City or town)	(County) (State)			
Hour o.m	10	While Not while of work	foctory, street, office bldg., el	c.J }				
	21. I certify that Kattended the deceased from October 26 , 19 58, to February 11, 1959 Mike XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
ONYELOUXAA	**********	MKYYYYYYaug that ge	oth accurred at 12 23		and on the date stated above			
ACTUAL	Vit			ADDRESS (Street, city or town,				
SIGNATURE	y me	me	M.D. VAH, FORT	HOWARD, MARYLA	and 2/12/59			
PHYSICIAN'S NAME (Type)	RVING FREEMAN	,M.D.,Chief,Med	ical Service, N	VAH, Ft. Howard	i, Maryland			
220. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. NAME OF CEMETER	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)			
REMOVAL (Special	9 2-16-59	Baltimore Na		Baltimore, Ma	ryland			
23. FUNERAL DIRECTO		ADDRESS			STRAR'S SIGNATURE			
			onroe ot.		STREET STOCKET OVE			
Arlington	S. Phillins	Baltimore 17	Md. DATE	1 6 59	1 E L			





ADDRESS

Catonsville, Md.

/28/1959

04617

Rea. Dist. No.

Baltimore

Feb. 25.

B IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY? U. S. A.

> INTERVAL BETWEEN ONSET AND DEATH

minule

PERFORMED? YES NO 7

(State)

DATE SIGNED

(State)

(County)

ON A FARM?

YES NO TA

Year

1059

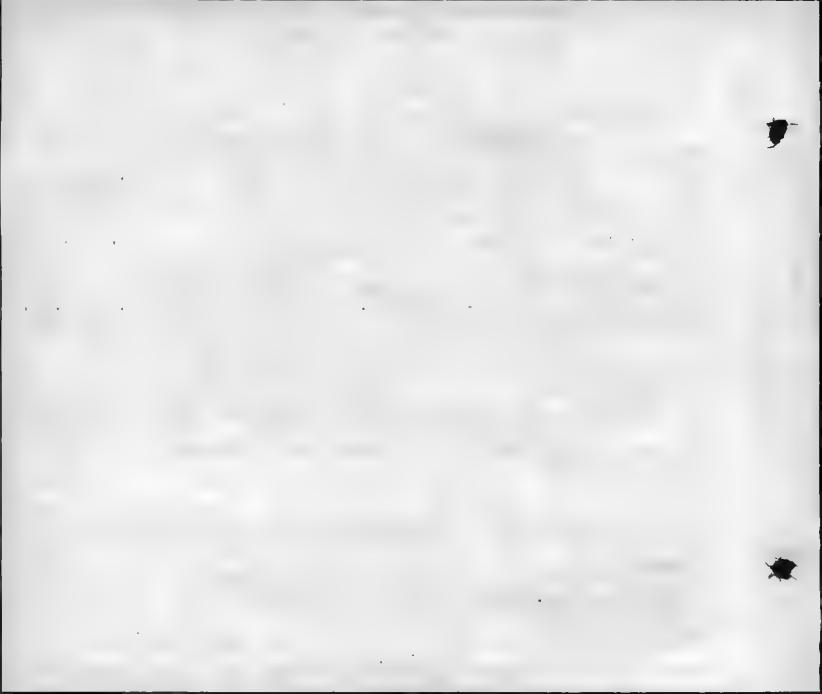
22d. LOCATION (City, town, or county)

Good Shepherd Cemetery Ellicott City. Md. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

Burial

23. FUNERAL DIRECTOR'S SIGNATURE





VS A15 (4) 15M 10/57

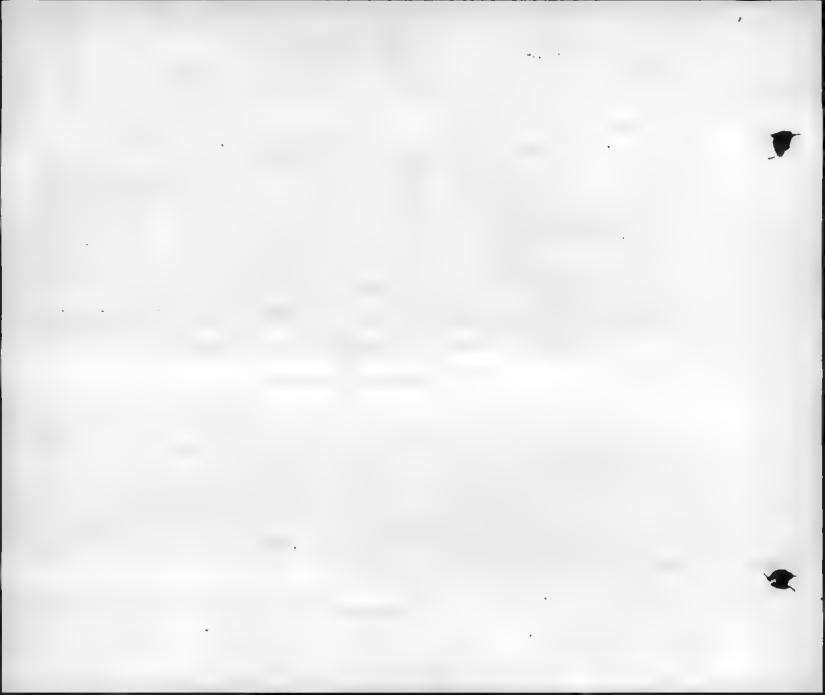
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

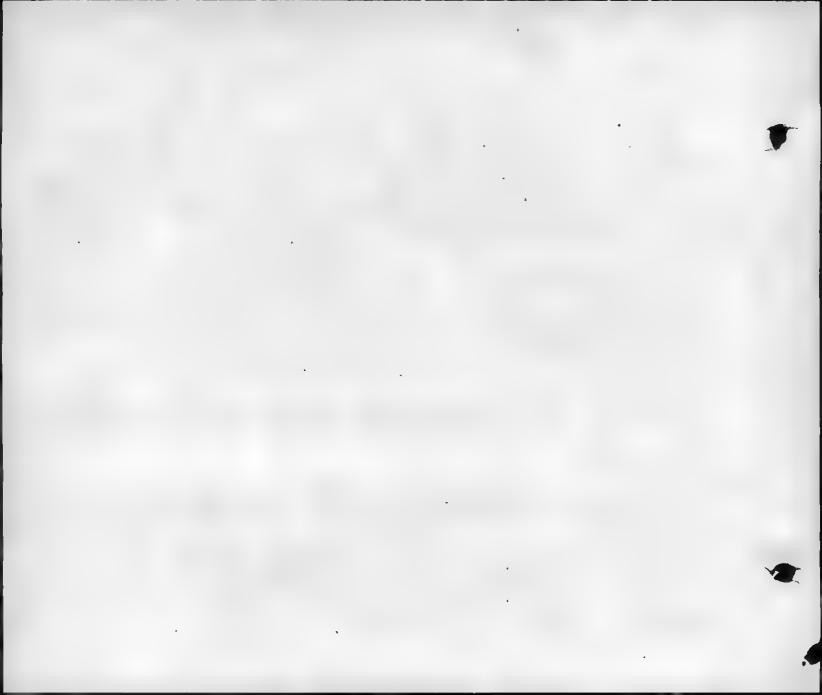
CEDTIEICATE OF DEATH

		162	4	CERT	IFICAT	E Of L	EATE	1		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission of STATE Maryland  AND MARYLAND  D. COUNTY  MARYLAND  AND MARYLAND  D. COUNTY								n}					
ı	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)  Pikesville  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Pikesville									rest town)			
	- INSTITUTION	ional House		,	ue	d STREET A		len Ro	ı.			ON A F	ENCE ARM?
	NAME OF DECEASED (Type or print)	PATHA NATHA		Middle R	ANDALL	Los		4. DATE OF DEATH	Mo Fel	oruary	7 25	Yes	
	s. sex Male	White	WIDOWE		:0 🗆	ATE OF BIRTH			9 AGE (In years last birthday) 51 yrs	IF UNDER Months	Doys Doys	Hours	24 HRS Min
	on the most of wor	ON (Give kind of work king life, even if retired lesman	] [	osher Mea			ACE (State o	ar fareign c	ountry)	12 Ct1		J.S.A.	
	13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME					
L		Harry Rand	all			Late	Son	ia Oma	ansky				
	IS, WAS DECEASED EV IYes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or doles of s		OCIAL SECURITY NO			a Rano	dall-j	Add 3904 Anne	ellen	Rd.	#15.	
Motastatic careinoma of gastro-intestinal transport   Conditions, if ony, which gave rise to immediate cause (a), storing the under lying cause last.   Column   Co						J1 1(0) 19	WAS AU PERFORM	MED?					
- 1		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER;	20b. DESC	RIBE HOW INJURY O	CCURRED (E	nter nature of	injury in P	art I or Part	t II of item 18.)				Х
	20c TIME OF INJUI Hour a.m. p. m	RY Month, Day, Yes	white of work	JURY OCCURRED Not while of work	20e. PLACE factory.	OF INJURY (I , street, office	lome, form, bldg., etc.)	20f. (City	or lawn)	(<	County)		(State)
SIGNATURE Nathard C. Heate MD							e stated	abav SIGN					
1		Nathan E. N		22c. NAME OF CEM	ETERY OR CR				IVe. & PE		ight	(Stote)	rrac
-	Burial	2/26/59.		Moses Mo	ntifio	re.			more, Ma		ıd		
1	3. FUNERAL DIRECTOR	S SIGNATURE SEXY BLAS	De. 110	ADDRESS AL-2600, D	rorth	HIT.	24a. REC'D	BY REGIST		STRAR'S SIG	16 / 2		



11	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
77	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH  o. COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  o. STATE Waryland  b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
,	Baltimore 21 Paltimore 21
, y Turney	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. S. RESIDENCE
٤	350 E. Riverside Ave. 750 E. Riverside Ave. 750 E. Riverside Ave. 750 E. Riverside Ave.
	OFFICE ASED (Type of print) Clarence H. Riddel DEATH Feb. 22 1959
1	5 SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE  In year   IF UNDER TYEAR   IF UNDER 24 HRS  White Widowed   Divorced K   May 17.1892   66   Months   Days   Hours   Min.
( I )	
	10g USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Unemployed Balto. Md. 12. CIT.ZEN OF WHAT COUNTRY U.S.A.
	13. FATHER'S MAIDEN NAME
	William Riddel  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT  Address
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Eva B. Stover-350 E. Riverside Ave21
	18 CAUSE OF DEATH [Enter only one couse per tipe for (a), (b), and (c).]  NIERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CERON ANY OCCUSED.
	4-20.1 DUE TO DUE TO
	Gonditions, if any, which gover the immediate course (b) DUE TO
	(0), stating the underlying DUE TO
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES [7] NO DEF
	20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRI
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY QCCURRED 200 PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto.e)  Hour o. m. p. m. 19 of work — of work —
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
	ACTUAL SIGNATURE MD. CHIEF MEDICAL EXAMINER (
in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	EXAMINER'S M.B. DAVIS MI)  ASSISTANT MEDICAL EXAMINER []  DEPUTY MEDICAL EXAMINER []
5	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT.ON (City, town, or county) 22d. LOCAT.ON (City, town, or county) 32d. Locat.on (City, town, or county)
) 4	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  246. REC'D BY REGISTRAR SIGNATURE  246. REGISTRAR S SIGNATURE
	John C. Millin Inc - 2431-35 E. Oliverst DATE FEB 26 59 C. 19 & Traver

And Park



## FOR STATE HEALTH DEPT.

I

TO DEPUTY M. FICAL EXAMINE! This certificate should be exemite!! within 24 hours ofter death. If any delay is gecessary, please execute the prificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fung. If rector. Page 4 should be everyoned to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Store Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME BM 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		.7.
Reg. D	Dist. N	o.

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1. PLACE OF DEATH o. COUNTY Baltimore	maxx	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Baltimore						
b. CITY OR TOWN (Il autisde corporate limits, write and give negrest town)	e. LENGTH OF STAY	N 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
Dundalk 22		Dundalk 22						
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street address	e. IS RES DENCE ON A FARM?						
2811 Old North	Point Read	2811 Old North Point Road YES NO						
3. NAME OF Fit	rst Middle	Lost 4. DATE Month Doy Year						
	thur	Riecke, \$rdeath February 13 19 59						
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	fost birthday) Atlanta Davis Marine Miles						
Male white	WIDOWED DIVORCED	J Sept. 24,1883   75 yrs.						
10a. USUAL OCCUPATION (Give kind of work during most of working life, even (frelired) Chief Engineer (ret		INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Germany  U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
John A. C. R	iecke	Amelia (unknown)						
15. WAS DECEASED EVER IN U. S. ARMED FO [Yes, no. or unknown]   (If yes, give yes) or dotes of		17. INFORMANT Address						
no		Arthur Riecke, Jr., 200 Oakwood Road, Zone						
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Conditions, if eny, which gave rise to immediate cause (o), staling the underlying cause last.  (c)	A-5-e-V-	DISEASE -						
CATIC		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	Ob. DESCRIBE HOW NURX/DECUE	(Enter nature of injury in Part I or Part II of Item 18)						
20c. TIME OF INJURY Month, Doy, Year 20d BUJRY OCCURRED While Not while p. m. 19 at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at wo								
21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry and in my								
opinion death resulted from:	opinion death resulted from: Natural causes . Accident . Suicide ., Homicide . Undetermined manner							
ACTUAL SIGNATURE	Davis	M.D. CHIEF MEDICAL EXAMINER (						
EXAMINER'S M-B.	DAVISA	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D						
270 BURIAL, CREMATION, 22b. DATE THEREGE REMOVAL (Specify) 2-16-5		1400						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
William Cook, Inc.,	1217 St. Paul S	treet DAKEB 16'59 Outhor S. Kinus						



VS A15 (4) 15M 9/55 0

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		162	3	CERTIF	ic/	ATE OF D	EATH	1		Reg. D	ist. No.	01	622
	LACE OF DEATH . COUNTY	Balto.		MARYL	AND	2. USUAL RESID	Ma.	ere deceased liv	ed. If institut b. COUNTY	_	nce befor		ion)
b	RURAL and give	(If outside corporate limineorest lown)	ls, write	c. LENGTH OF STAY II	N 16			utside corporete Ville	limits, write l	RURAL and	give nea	rest fow	n)
d		PITAL (If not in hospital, o		oddress)		d. STREET A		Jav Ku			1	ON A	HARM?
0	IAME OF JECEASED Type or print)	Anna		Middle Louise		losi lile		4. DATE OF DEATH	Moi		<b>D</b> <sub>0</sub>		Yeor 19 55
5 \$1	EX F		7. MAR	RIED NEVER MARRIED		8 DATE OF BIRTH	V		AGE (In years ast birthday)	IF UNDE Months	Days		ER 24 HRS. Min.
10o.	during most of w	NON (Give kind of work orking life, even if retired	done 10b	KIND OF BUSINESS OR	INDU					12. C	TIZEN O	F WHAT	COUNTR
13. F	ATHER'S NAME	vee her.		1101119		14. MOTHER'S	MAIDEN N	IAME				<u> </u>	
		Patrick	Tra	су		M	ary	Schmit	t				
15. \	WAS DECEASED E	FR IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. 1	NFORMANT			Ado	iress			
11.00		(11 ) (1) (11 ) (11 )			C	harles	T. R	iloy 5	ll Ac	r dem	y Ri		
NOIT	Conditions, if gove rise to couse (o), stotin lying cause los	g the <u>under-</u>	)	CONTRIBUTING TO DEAT	TH BUI	NOT RELATED TO	THE TERMI	NAL DISEASE CO	DINDITION GI	VEN IN PA	RT 1(o) 11	PERFO	DRMED?
CER	YES NO CONTRIBUTING CAUSE OF DEATH    FEITHER, NOTIFY MEDICAL EXAMINER												
MEDICAL	20c. TIME OF INJ Hour o. m p. m	10	or 20d. While of wo	Not white		ACE OF INJURY II clory, street, office			town)		(County)		(State)
21. I certify that I attended the deceased fram. MARCH. 19.54 to Feb., 19.57 that I last saw the alive on Feb., 19.57, and that death occurred at 7.004 M, fram the causes and an the date state.								e stat					
220	BURIAL, CREMAT	226. DATE THERE		22c. NAME OF CEME		Cem.		22d LOCATION		or county)		(Sta	le)
23. I	runeral director in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t		mo	ADDRESS Catonsvil	17.0	Ma.	240 REC'I	B 2 4 59	24b REG	ISTRAR'S S	GNATUR	Æ.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



# uneral director, d be (iled-with death. Page ATTENDING ENYSICIAN: The fow equires that the death certificate be executed within 2st hours after may be retained. The haspital ar attending physician. TO FUNERAL DIRK DR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be Setoched far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. TO HOSPITAL CE

VS A15 (4) 1SM 9/SS I

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1624 CERTIFICATE OF DEATH

n1623

. I		Keg. Dist. No.
	d. COUNTY Balto MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. STATE b. COONY
	b. CITY OR TOWN It authode corporate limits, write RURAL and give nearest lawn)  3 40	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) of INSTITUT ON Ward follows level & Menterfaction May	of STREET ADDRESS  ON A FARM?  YES NO DE
	3. NAME OF DECEASED (Type or print)  Middle  (Type or print)	Party Jake Hanth Doy Year DEATH HOL. 12 1959
	6. COTOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost buthday) Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work dane of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution of the distribution	13alk 21.8
	Eharles J. Roby	Elizabeth Tuntlenson
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes. no. or unknown]   If yes, give wor of dates of service)   16 SOCIAL SECURITY NO.	NORMANT J Eduly Roly 1212 Hancon I
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) My occurred be	Compensation Onset and Death
	Haddel DUE TO	ardio vascular Disease
	gove rise to immediate couse (a), stating the under- lying cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH III (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO (
		D. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Haur a.m. 19 While Not while of work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
	0 1-	LL., 1955, ta Flie 12, 1959, that I last saw the deceased
	alive an 1257, and that death	accurred at 12/54. M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
,	SIGNATURE Forge Stell ellique und	MD. 4017 Filesty Keight ane- BARB 7, Zup
	PHYSICIAN'S Joseph Deckelbaum 4017 Lio	erty Tota Ave Polto 7 To 2-125
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OF SEMONAL ISPECIES TO THE THEREOF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	FUNERAL DIRECTOR'S SIGNATURE - MADDRESS Cha	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F	Marie Control	DATE FFR 1 3 '59 Curling & Thread



TO HOSPITAL P

VS A15 (4) 15M 9/55

_	J. U. W. U				Keg. Dist. 140.	
	PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	n. Residence before o	dmission)
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	stride carporale limits, write RU	JRAL and give nearest	tawn)
_4	d. NAME OF HOSTIAL (If not in hospitol, give street OR INSTITUTION	30 years	d. STREET ADDRESS	miles	e #	S RESIDENCE ON A FARM?
_	ucadeing 4	we.	Monde	my line	YE	ES NO
3.	NAME OF DECEASED (Type or print)	WILLIAM	RUNK	4. DATE Mont	B, 1/	Year 1959
5.	SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	PAGE (In years last birthdoy) 7 yrs.		UNDER 24 MRS
100	D. USUAL OCCUPATION (Give kind of wark dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slobe of	or fareign country)	12 CITIZEN OF W	VHAT COUNTRY?
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN N	AME &	> >	
	John W. Klack	2/	June,	SIMISH	n:	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NEDEMANT 12 J. H. P. 162	do averso	mills i	mel
	18. CAUSE OF DEATH [Enter only one cause per I	ine for (a), (b), and (c).]			INTERV/	AL BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral Her	orrhage		1	o hrs.
	44VA DUE TO	Arteriescle	matia Urmani	han of ma		
	Canditions, if any, which   (b)   gave rise to immediate   DUE TO	Cardio-Vasc				
	lying cause last. (c)	041410-1450	agar Droad	-		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	P P	WAS AUTOPSY PERFORMED?
CERTIFI	200 ACCIDENT WAS UNDERLYING 20b. DET OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pr	art ! ar Port II af item 18.)		
MEDICAL		A-	ACE OF INJURY (Home, form, clary, street, affice bldg., etc.)		(Caunty)	(Stote)
MED	Hour a.m. White at wa		orange arrive energy, energy			
	21. I certify that I attended the decea	sed from June	, 19 <u>58, ta F</u> 6	ebruaryll, 59	,that I last saw	the deceased
	olive on Feb. 11 19	, and that death	accurred at 7A	M, from the causes a	nd an the date :	stated above.
	ACTUAL SIGNATURE Martin E. Str.		мо48 Main St	iDuness (Street, City or lown, i	erstown	2-12-5
	PHYSICIAN'S Martin E. St	robel M.D.				
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) FEB. 14. QL	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	r county)	(Stote)
23.	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- / 240. REC'D	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE	
,	X.2. muessin.	Westructo	MATEEB "	1 3 '59 (7 71	184	

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physician o

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TO FUNERAL DING poge 3 should be TO HOSPITAL C

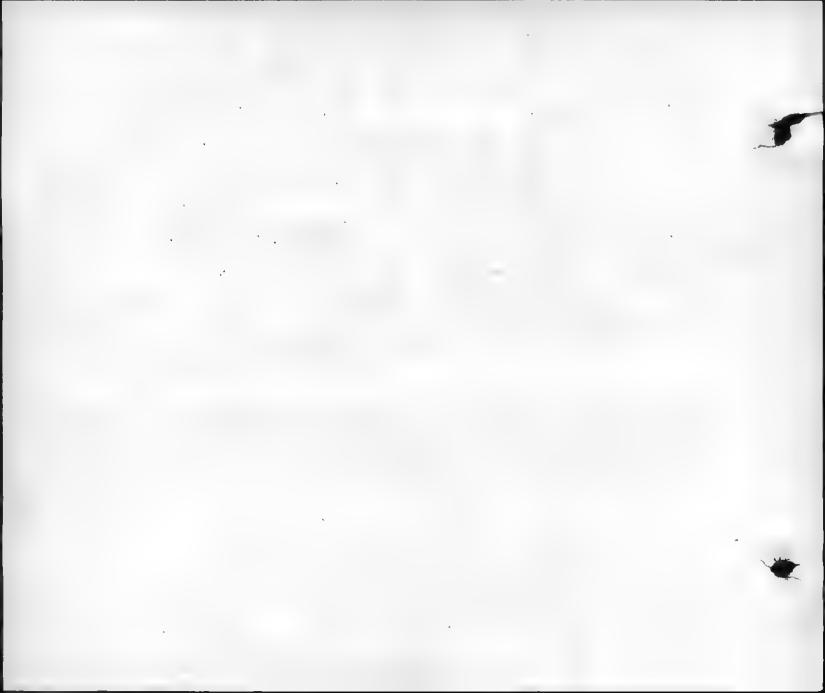
VS A15 (4)

1SM 9/58

the registror

requires that the death certificate be executed within 24 hours

1	<u> </u>		Keg. Di	151. 140.
		PLACE OF DEATH BALLIMOTE MARYLAND	USUAL RESIDENCE (Where deceased lived If institution Resider	nce before admission)
		b CITY DR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 1b RUFAL and a ve negres fown)	c. Of OR TOWN, (If ownide corporate limits, write RURAL and	Stone
71	L	d. NAME OF HOSPITAL (If now in approach the tree hood tree) House	3706 Cverview aus	e. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print) Famule / Middle	Lost 4. DATE OF Month Z -	Doy, Year 16- 1959
,	5.	emale White WIDOWED   DIVORCED	last birth(ay) Months	Days Hours Min.
1	2	during most of working ife, even if the led)  HOUSE WYFE	STRY 1/ PIRTHPLACE (State or Foreign country) 12 CIT	X S A
ソ	13.	John Markell	Tuna feah	
6	75/	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. [If yes, give wor or dates of service]	athan Jachs - Address	ame_
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ARR CINOMA ARR	OF GUARY	INTERVAL BETWEEN ONSET AND DEATH
		175. O DUE TO Conditions, if ony, which ) (b)		
		gave rise to immediate couse (a), stating the <u>under-lying cause last.</u>   DUE TO   (c)   (c)		
0	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	L CERT	200 ACC DENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL While Not while for mork at work	ACE OF INJURY (Home, form, 120f (City or town) (ctory, street, office bldg , etc.)	County) (State)
		21. I certify that I attended the deceased from Col.	17, 19 58, to Feb 16, 1907 that I k	ast saw the deceased
1		SIGNATURE GIber of House Part	M.D. 3501 ST. Vacal ST.	But 2/15
		PHYSICIAN'S ALBERTS HIMELE,	4RB	/ 7
×	220	Action 2-7-19 arlingi	REPEMATORY 22d. LOCATION (City, town, or county)	Wd.
1 24	23/	JUNERAL DIRECTOR'S SIGNATURE INC 2100 GUTO	DATE 24d. RECID BY REGISTRAR 24b REGISTRAR'S SI	GNATURE Finance



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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

4.000

Ren. Dist. No.

				Reg. Dis	t. No.
	1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution Resident b. COUNTY	ce before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) Litther VIILe	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and o	ive nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTRUCTION COLLEGE Manor	address)	d STREET ADDRESS 2931	N. Calvert St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Edith	Miller Sapp	oington	4 DATE Month OF DEATH Feb.	7, Day Year 19 59
	5. SEX Female 6. COLOR OR RACE 7 MAR WIDOW		Sept. 3, 1860	I mak handhalamb	YEAR IF UNDER 24 HPS Days Hours M n
1	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWIIE:	KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (Stote of Baltimore		ZEN OF WHAT COUNTRY?
	13. FATHER'S NAME .		14. MOTHER'S MAIDEN N	AME	
	George H. Miller		Caroline	Kurtz	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no or unknown] [If yes, give wor or dotes of service]		FORMANT SS Julianna Pi	aca 2931 St. Paul	St.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Francis knews	umia		INTERVAL BETWEEN ONSET AND DEATH
1	49/X DUE TO	7			0
	Conditions, if any, which gave rise to immediate				
	cause (a), stating the under-   lying cause last.   (c)				
	PART H. OTHER SIGNIFICANT CONDITIONS :  Hydr. Tursion & Achies  200 ACCIDENT WAS UNDERLYING [] / 20b, DES  OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	elies arterio	silenois		1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	Part I or Port II of item 18.)	
	20c. TIME OF INJURY Maath, Day, Year 20d. I Hour a.m. 19 While p. m. 19	Not while fact	CE OF INJURY (Home, form, form, street, office bldg., etc.	20f. (City or town) (C	ounty) (State)
	21. I certify that I attended the decease alive an 7 19			M, fram the causes and on the	
	ACTUAL Ernest CB.	our .		ADDRESS (Street, city or Jown, state)  nevert St. Bult-	DATE SIGNED
	PHYSICIAN'S Ernest B. Brown J	r. M.D.	1101 N.	Calvert St.	2/9/59
	220 BURIAL CREMATION, 22b DATE THEREOF BURIAL (Specify) Feb. 10, 1959	22c. NAME OF CEMETERY OR Green Mount	CREMATORY	22d LOCATION (City, lown, or county) Baltimore	Md (Stale)
	23 FUNERAL DIRECTOR'S SIGNATURE John O. Mitchell & Sons In	1900 Eutaw 1	Place Z40 REC D	by registrar 246. REGISTRAR'S SIG 0 '59 Cuthung & the	

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1628

**CERTIFICATE OF DEATH** 

01627 Reg. Dist. No.

	1, PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	O. COUNTY BALTIMORE MARYLAND	o. STATE D. 6 COUNTY BALTO.							
	b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	RURAL and give nearest town)  LUCODLALLIN  LIFE	X W'CODLAWN							
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS  d. IS RESIDENCE							
	6704 DOGWOOD RD	1/17A1/DOCUMENT DD (7) ON A FARM?							
	3 NAME OF BECEASED (Type or print) HELEN NELLIE SAUT	tast 4. DATE Manth Doy Year OF DEATH FEB 22 1959							
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED								
	WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   In years   IF UNDER 24 HRS   If							
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if relited)	STRY W. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?							
1	Home Home	LAKE CITY MININ USA							
	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
	MARSHALL BANKS	MARGAREIT HILL							
		NFORMANT Address							
	(Yes no. or unknown) (If yes, gave wor or date of service)	HELMA FRINN 6704 DOGWOOD RD							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART 1. DEATH WAS CAUSED BY. CEREBRAL ARTEROSCLEROSIS ONSET AND DEATH								
	334X DUE TO								
	Conditions, It any, which) (b) SENILITY								
	gave rise to immediate cause (a), stating the under DUE TO								
	lying cause last. (c)								
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
0	CATE	PERFORMED?							
- 1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH IIF ETHER, NOTIFY MEDICAL EXAMINER	D. (Enter nature of injury in Part I or Part II of item 18.)							
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	While Not while p. m. 19 at work at work	trory, sheet, office blug,, etc.;							
	21. I certify that I attended the deceased from 2-19	7 , 19 19, to 2-22, 19 59, that I last saw the deceased							
-	alive on 7 - 20, and that death accurred at 23 A. M. from the causes and on the date stated above.								
-		ADDRESS (Street, city or lown, state)  DATE SIGNED							
	SIGNATURE LAURISE Muney feld	2104 Muyeun Ople and 2 = 23-4							
.	SIGNATURE F. LUMICATE TO CONTRACT TO C. 9	M.D. Dela James Color Color							
	PHYSICIAN'S SAMUEL BLUMENFELD	Baltimbre 7, mg.							
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)							
	BUX 144 2/25/3-9 ST, JOH								
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 44							
	IT.STANSBURY 6411WINDSOR	MILLADATE FTB 25 59							
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

		- 1	Ì	Ţ	U	4	Ö
g.	Dist.	No.					

							-	mog. o	.,,			
PLACE OF DEATH	TIMORE		MARYLA		USUAL RESIDENCE (WHO O. STATE MARYLA		b. COUNTY	on: Residence		lmission)		
RURAL and give n	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  LUTHERVILLE  LIFE				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
OR INSTITUTION	OZ COLLEGE				d STREET ADDRESS				1 0	RESIDENCE N A FARM?		
						OLLEGI	E AVE		16.	S I NO M		
NAME OF DECEASED (Type or print)	JOYCE	at .	MARIE		SCALLY	4. DATE OF DEATH	Mor FFE	ih BRUARY	Doy	Yeor 1959		
SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		AUGUST 18.	1958	9. AGE (In years lost birthdoy)	IF UNDER		NDER 24 HRS		
On LISUAL OCCUPATION	ON (Give hind of work)	I			11 BIRTHPLACE ISING	or formen o		12 CITI	ZEN OF W	HAT COUNTRY		
during most of wor NONE	king life, even if retired	100.	KIND OF BUSINESS OR I	INDUSTRE	MARYLAN		2011177		S.A.	HAI COUNTRY		
3. FATHER'S NAME				1	4 MOTHER'S MAIDEN N	AME						
ALBER	RT SCALLY				DORIS	JOYCE						
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	RMANT		Add	C055				
Yes, no or unknown) NO	(If yes, give wor or dates of s	ervice)			PARENTS		ABO	VE				
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ASPHYXIAT	ION					ONSET A	L SETWEEN IND DEATH SEC		
gove rise to i	Conditions, if any, which (b) ACUTE BRONCHIOLITIS gove rise to immediate couse (a), stating the under-							3 DA	YS			
			ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?		
PART II. OTI	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (E	inter nature of injury in P	ort I or Par	t II of item 16.)					
20c. TIME OF INJUI Hour o.m. p. m.	X Month, Day, Ye	or 20d. If While of worl	Not white	De. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	.   20f. (City	or town)	(C	County)	(Stote)		
21. I certify the clive on	JAN. 23,	decease 159		eath oc	, 19 , to FE coursed at 5:30	AM, from	n the causes o	and an th	ne date s	the decease toted above DATE SIGNE B. 11, (P)		
PHYSICIAN'S NAME (Type)	WILLIAM A	. AND	ERSEN, M.D.									
20 BURIAL CREMATIC REMOVAL (Specify	2-13-	59	57. Je.		REMATORY COM	22d. LOCA	MON (City, town	19	۷.	(Stote)		
Lemard	S. Kuck	53	OF Havy	fore	240, REC'I	B 1 3	1	STRAR'S SIG				
1	/			,								

VS A15 (4) ISM 9/55

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1630

I. PLACI	OF DEATH						2. USUAL RESI	DENCE (Who	ere deceased	l lived. If institut		ce befar	e admiss	ion)
u. co	_	ltimore			MARY	(LAND	u. STATE Marvl	and		P COUNTY	timor	e		
		autside carporat	e limits, write	c. LENC	OTH OF STAY	IN 1b	e. CITY OR	TOWN (If a	utside carpo	rate limits, write l	RURAL and	give near	rest towr	1)
	Catonsv	ille		15	vears		Caton	sville						
d. NA	ME OF HOSPITA	AL (If not in hosp	ital, give stree	oddress)			d. STREET A	ADDRESS	1				. IS RES	
0.		vln Road	i				5656	Cayln	Road					FARM?
3 NAMI	Of	17	First		Middle		la		4 DATE	Mor	nth	Day	,	Year
DECE/	ased ar print}	LILLIAN	FLIZAR	ETH S	CHROEL	PFOR			OF DEATH	_	ruary			19 59
5 SEX		6. COLOR OR F					DATE OF BIRT	Н		9. AGE (In years	IF UNDER			R 24 HRS
Fen	ale	White	WIDOV	/ED 🔲	DIVORCE	0 🗆	January	20.18	881	last birthdoy) 78 yrs.	Months	Days	Hours	Min
10a. USU	AL OCCUPATIO	N (Give kind of ing life, even if r	wark dane 10b	. KIND OF	BUSINESS C	R INDUS	TRY 11. BIRTHP	LACE (State o	or foreign co	ountry)	12 CIT	IZEN OI	WHAT	COUNTRY
	lousewif	_	enreal	He	ome		Vir	ginia				U.S.	A.	
	ER'S NAME				244		14. MOTHER'S		AME					
	John Car	ter					Mar	v Elia	a beth	Jenkins				
15. WAS	DECEASEDEVER	IN U. S. ARMED		SOCIAL S	SECURITY NO	17 IN	FORMANT				lress .			
IYas, no. o		f yes, give war or do		15-09	9-2243	Mr.	Henry	P. Sol	roenf	or, 5656	Cavl	n Re	na.d	
		TH [Enter anly a					//	,		4		4	RVAL BE	TWFFN
		H WAS CAUSED	BY:		1000		ronles	/		· hours			AND	
N	22.1	IMMEDIATE CAL	JSE (a) <u>L</u> JSE (a)		77 00	9 00	00		7				٦٠٠١	meny
1			JE IU	7-0	11/1					S.		1 7	10	
	nditions, if on re rise to in	mediate	(b)	70	CVI							1	10	7-0
cau	se (a), stating t	V DI	JE TO											
_ lyin	g cause lost.		(c)									1		
<u> </u>	PART II OTH	ER SIGNIFICANT	CONDITIONS	CONTRIBL	JING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GI	VEN IN PAR	1 1(a) 19	WAS .	AUTOPSY RMED?
3														NO 🖳
200 OR 0	ACCIDENT WAS	UNDERLYING	20b. DE	SCRIBE HO	W INJURY O	CCURRED	. (Enter nature c	of injury in P	art I or Part	II of item 18)				
U (IF E	THER, NOTIFY	MEDICAL EXAMIN	VER)											
		Month, Day	, Year 20d.	INJURY O	CCURRED	20e. PLA	CE OF INJURY	Home, farm,	20f (City	or lown)	((	County)		(State)
MED.	Hour a.m.		19 While		t while	faci	lory, street, affic	e bidg., etc.]	1					
				- Land	//	12	10.0	76	-	/ 12 12 6	- ·			
	*	ot attended	the deceo					Z, lo	<i>Z</i>	19 3	,			
aliv	e an	2100	, 12.	5-7-	, and that	death	accurred at			the causes o		ne date	e state	ed abave
ACTI		1-4	1 -	7 1				1 A	ADDRESS (St	reet, city ar tawn,	stote]		D	ATE SIGNE
	ATUII	rela	2 7	50	r->	A	lid.		·					
PHYS	RCIAN'S			,	1 /									
	E (Type)	Dr. Vi	ctor F.	Kin	g /	3	_715_	Frede	rick A	ve., Cat	consvi	lle	28	, Md.
	AL, CREMATION	, 22b. DATE TH	IEREOF	22c N	AME OF CEM	ETERY OR	CREMATORY		22d LOCAT	ION (City, town,	or county)		(State	e)
_	rial	Feb.	13.1959		Lorre	aine			Woo	dlawn, l	aryla	nd		
3. FUNE	RAL DIRECTOR'S				DRESS				BY REGIST	RAR 246 REGI	STRAR'S SIC	SNATUR		
Jame	s F. Bu	rnside,	Jr. 95	55 So	uthri d	ge R	i.	DATE FE	EB 16,	59	Thur !	. Fra	us.	

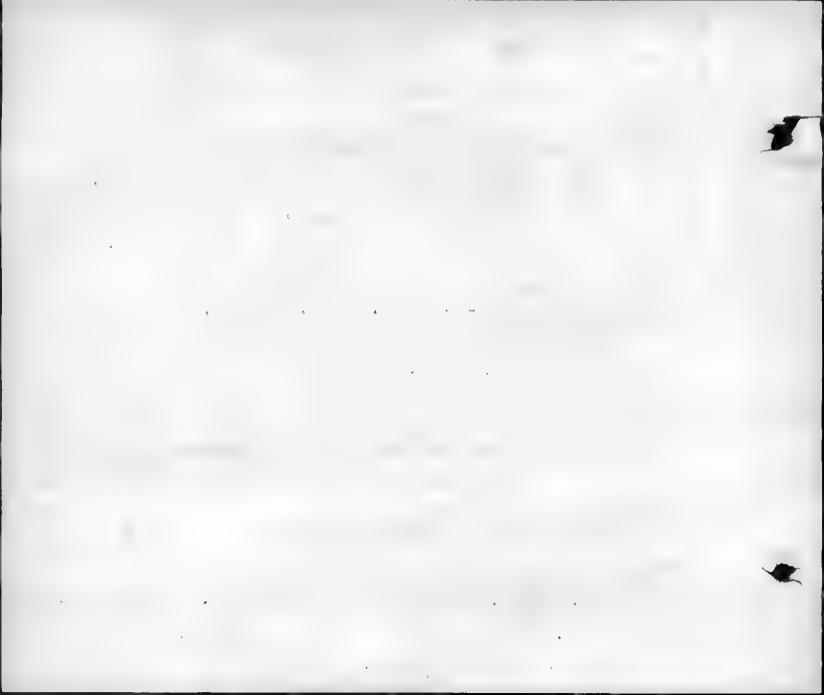
funeral director, old be filed with eath. Page 4 24

ond the attending physician and camplelely filled Then please remave carbon papers. Pages 1 event mithin 72 hoars after death. may be retained by the haspital or attending physician.

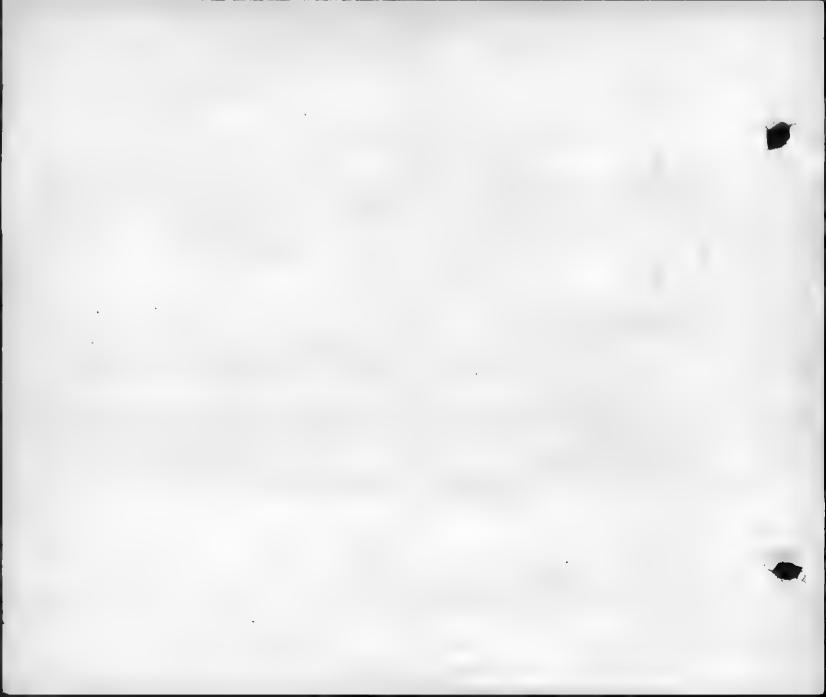
TO FUNERAL DI CCTOR: After this certificate has been signed by the apage 3 should be detached for use as the buriot-transit permit. Then the registrar prior to Ilurial, cremation, ar removal, and in any event.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VS A15 (4) 15M 10/57



1			MAKILANU SIAIE DEPAKIME	NI OF HEALIH—BALIIMOK	04690
4			1631 CERTIFICA	TE OF DEATH	1163() Reg. Dist. No.
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deoth.			CITY OR TOWN (If outside corporate limits, write RURAL and give appoint town)	c. CITY OR TOWN (If suitside corporate fimils, w	0
s offer o	2.3	H	S. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARMP YES ON NO NO
24 hour fled in			NAME OF First Middle Software Property of Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Property of The Prop	Cost of Death	Month Day Yeor
d within pletely fi		S :	EX   6, COLOR OR RACE   7 MARRIED   NEVER MARRIED     B  WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In los) Birth	VOOR TEUNDER TYEAR IF UNDER 24 HRS
and camp than paper of death.			USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTING meal of worked life even if retired)  Talked	Haltemore, Ma	12. CITIZEN OF WHAT COUNTRY?
A = 4/2 ]			For Scatt -, William	MUSELL TOLLER	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		IS/	to or unknown) I'll yes give war or dates of ferrical 705-03-6154 Rec	chard E. Sutt Je: 251	Callebury Rol Market
offendir n please within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Membern	INTERVAL BETWEEN ONSET AND DEATH
y the The			420.1 DUE TO 0.1/		
requires that ion. In signed b noit permit.			Gonditions, if ony, which gove rise to immediate cotte (o), stoling the under-lying couse lost.	lindy	34,7
The law rag physicia s has been surial-trans	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: T trending lificate l if the bu			OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of Item 1	8.)
PHYSII		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of work	E OF INJURY (Home, form, 20f. (City or town) rry, street, office bldg., atc.)	(County) (State)
ENDING The hospi R: After ached fo			21. I certify that I attended the deceased from 19 11 alive an 19 19 19 19 19 19 19 19 19 19 19 19 19	1946, to A 194 , 15 accurred at 1 M, from the cou	2.2.1., that I last saw the deceased ses and an the date stated abave.
DE ATTE			ACTUAL SIGNATURE SIGNATURE MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN	ADDRESS (Street, city or Stry Hat 24)	town, dote) OATE SIGNED
	1		PHYSICIAN'S HOWSPALL GOLDMIN AW		
O HOSPITAI may be reta O FUNERAL page 3 shar the registrar			BURIAL (Specify) 2/11/59 Larding of CEMETERY OR Survey 226 NAME OF CEMETERY OR Survey 2	uth Batterne	re-6. mel
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE TUNERAL Home, I	240. REC'D BY REGISTRAR 246. DATE FEB 1 3 '59	REGISTRAN'S SIGNATURE
			6366 - 191(an Kd - Bottimere -	6. md	



## CERTIFICATE OF BEATH

			20	36	CERT	IFICA	ALE OF DE	AIR		Reg. Dist.	No.	
4		LACE OF DEATH COUNTY	Ball	tim	are MAR	YLAND	2 USUAL RESIDEA o STATE	CE (Where decease	ed lived. If institution b, COUNTY	Residence	before admission	on)
	Ŀ	CITY OR TOWN (I RURAL and give no		imils, write	c. LENGTH OF STAY	(IN Ib	and the same	NN (If outside corp	orale limits, write RI	JRAL and give	negrest town)	
5	(	S. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital CRMY	l, give street	oddress)		1 d. STREET ADD		ry Kot	Rd	e. IS RESI	FARM?
		NAME OF DECEASED Type of print)	ELL,	First	> Middle	SE	ARLS	4. DATE OF DEATI		15	1	eor 959
	5. S	EX J	6. COLOR OR RAG	WIDOW	RIED NEVER MARR		8. DATE OF BIRTH	1869	9 AGE (In years lost birthday) SG yrs.	Months Do	YEAR IF UNDER	R 24 HRS Min.
	10a	during most of worl	ON (Give kind of wo king life, even if reti		KIND OF BUSINESS	OR INDU	STRY II SIRTHPLAC	E ISlate or foreign	Elen)	12. CITIZE	S.A.	COUNTRY?
	13.	FATHER'S NAME Fram	of H	car	ris		14. MOTHER'S M	alben NAME	Walk	Er	,	
	15 {Yes	WAS DECEASED EVE	R IN U. 5. ARMED F (If yes, give war or dotes	ORCES? 16.	SOCIAL SECURITY N	0. 1771	RESSILLE	nator!	Heurl	ess L	Sam	24-
		1B. CAUSE OF DEA			ne for (o), (b), and (c			1 1			INTERVAL BET	
		PART I. DEA	TH WAS CAUSED B	SER.	CBRAL	141	EN76 1218	NACE			~2/1	ty butil
		331X	DUE	TO								
		Conditions, if o		b FA	EMON13E	) 1	3 FTERIO	SC 6 1.14.	0.312 11.	~ \		
		gove rise to i couse (a), stating		TO /4	4/PFIET	ENS	1011					
		lying couse lost.		(c)								
>	CATION	PART II. OTI	HER SIGNIFICANT C	ONDITIONS	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO TH	IETERMINAL DISEA	SE CONDITION GIV	EN IN PART 1	(o) 19. WAS A PERFOR	RMED?
	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEA MEDICAL EXAMINE	THI	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of in	njury in Part I or Pa	ort II of item 18.)			
	MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.		While	NJURY OCCURRED Not while	20e. PL fo	ACE OF INJURY (Hor ctory, street, office bl	me, farm, 20f. (Ci ldg , etc.)	ly or lown)	(Cou	nly)	(State)
		21. I certify that I attended the deceased from MINY 5 , 1953, ta FES 15 , 1657, that I lost saw the deceased										
		alive an IFS 15, and that death accurred at 4 3 M, from the causes and an the date stated above.										
		ACTUAL SIGNATURE	C. Stu	201	ti"		MO /5/ Co	PENIAL	(Street, city or lown,	stole)	جع / ۵۸	TE SIGNED
		PHYSICIAN'S NAME (Type)	r.c.S	101	NS/C/		704	NON	4 M.		ner där somore das som sad nas-som som	
	220	BURNAL, CREMATIC REMOVAL (Specify)		1959	22c. NAME OF CEA			22d LOC	ATION (City, town,	md.	{Stote	)
	23	PUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS	. /	21	4a. REC'D BY REGI	STRAR 246 REGIS	TRAR'S SIGN	ATURE	

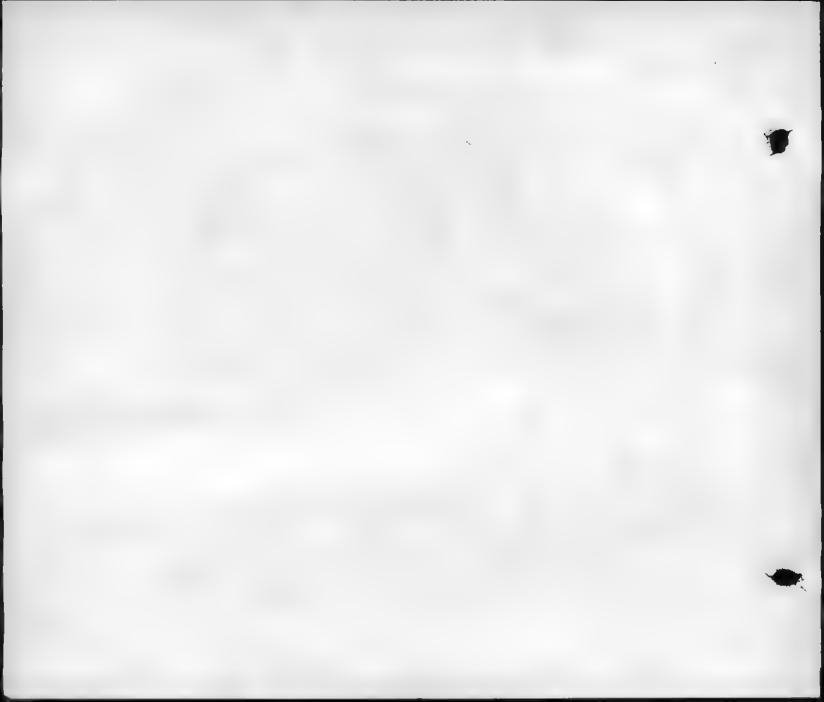
to funeral director, should be filed with TO HOSPITAL BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurmay be retained by the hospital or alterding physician.

TO FUNERAL CENOR After this certifican as been signed by the attending physician and campletely fitted in page 3 should be detached for use as the burial-transit permit. Then please remove capba papers. Pages I and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55





246 REGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR

DAFER 2 4 '59

CA PUICE	JIAIL DEI AKIMENT	OI HEACHT - DA	ī
1094	CERTIFICATE	OF DEATH	

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY BALTO MARYLAND ALTIMOP b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) TORGE KOGERS d NAME OF HOSPITAL (If not in hospital, give street address) . d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? OVERBROOM YES NO 4. DATE NAME OF Middle Year OF DEATH DECEASED EB. 205 (Type or print) 9. AGE (In years last birthday) 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HR Months Days WIDOWED [ DIVORCED [ 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) KEPPESENTATIVE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address HBOVE NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 420,1 DUE TO Canditians, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse fast. PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 WAS AUTOPSY PERFORMED? YES NO ID 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour e.m. While Not while of work 🗍 of work 21. I certify that I attended the deceased from.... 1, 19 19, that I lost sow the deceased and that death occurred at 122 M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22d LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)

**ADDRESS** 

with director T led funeral physician affending please event à been signed by transit permit. ony Quo **buriol-transit** CTOR

within 24 hours

0 VS A1S (4) 15M 9/S5

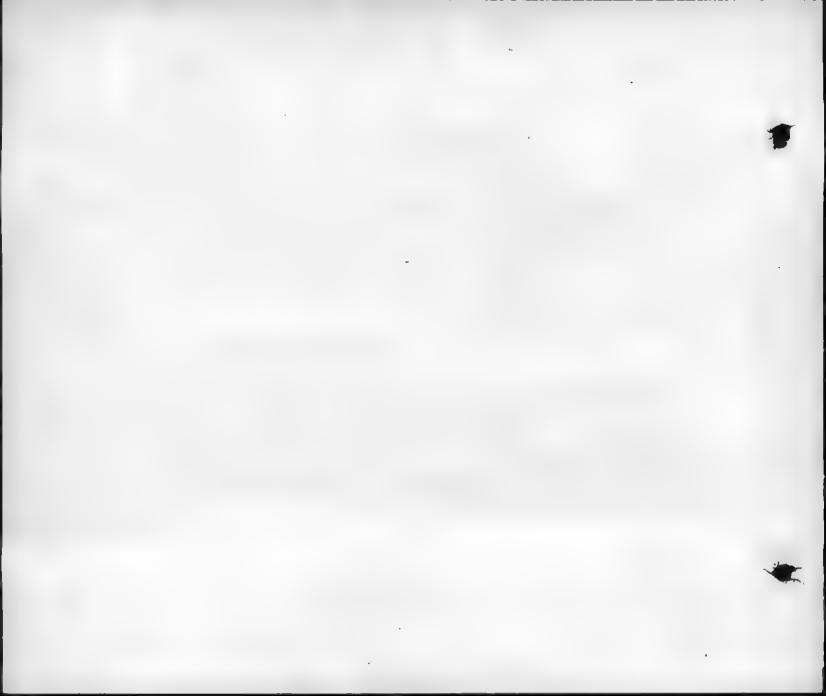
23. FUNERAL DIRECTOR'S SIGNATURE

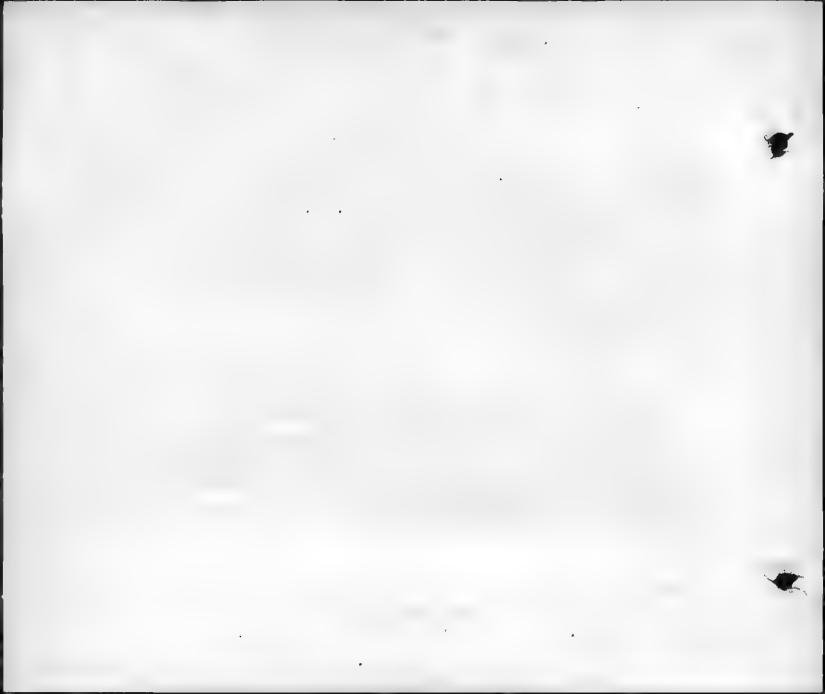


**CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b City OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle Lost 4. DATE Month Year Dav DECEASED OF DEATH 1 (Type or print) SIGR . L. L. 19 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5 SEX B DATE OF BIRTH 9. AGE (In years lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours MHLL WIDOWED [ DIVORCED [7] " Pyrs 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) MACHINIST 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5166157 6116161 PIRSIME 61819C1 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO IS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) /Stole1 Hour o. m. factory, street, affice bldg., etc.) While Not while D. III at work of work 23. I certify that I attended the deceased from Lithat I last saw the deceased and that death occurred at 6.45\_M, from the causes and on the date stated above. olive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county). /[5tole) REMOVAL (Specify) 174 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirthun &

VS A1S (4)

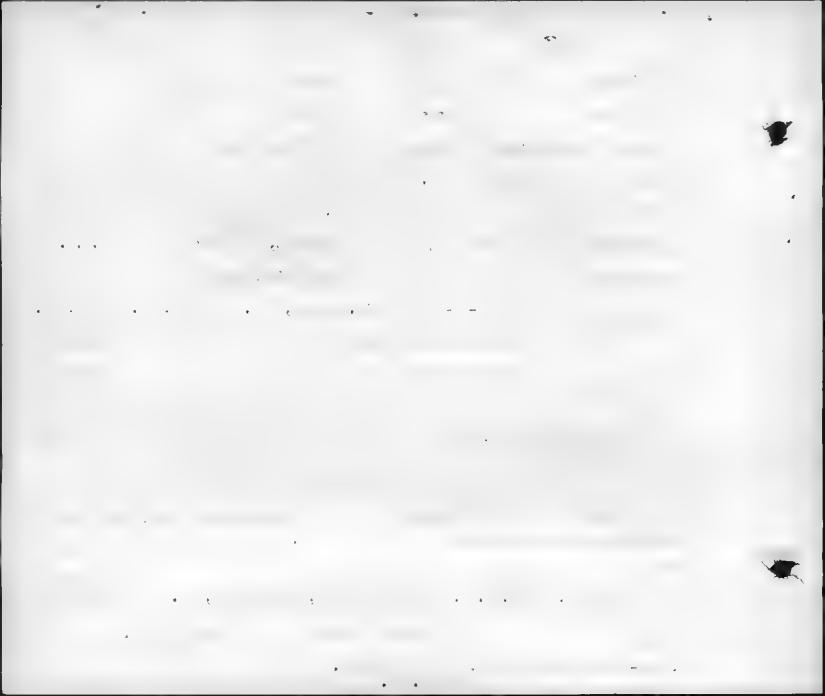
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Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	2	090			R	(eg. Dist. No.		
1	I. PLACE OF DEATH			2 USUAL RESIDENCE (Wh	ere deceased lived. If institution	Residence before admission)		
1	Baltimore		MARYLAND	o. STATE Mary	Land 6 COUNTY	Beltimore		
ľ	b CITY OR TOWN (If autside RURAL and give nearest tax		c LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write RUR			
ı	Oak Park	νn)	3 Years	X Oak Park	Σ			
Ī	d NAME OF HOSPITAL (IF no	I in haspital, give stree		d. STREET ADDRESS		e IS RESIDENCE		
	19	42 Bell .	Ave.	1942 Bel	Ll Ave.	ON A FARM? YES NO Z		
	3. NAME OF DECEASED (Type or print) Fed	erick Sla	Middle	Last	4. DATE Month OF DEATH Februar	y 27, 1959 <sub>19</sub>		
,		# 3.	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH September		UNDER I YEAR IF UNDER 24 HRS.		
Ī	IOO. USUAL OCCUPATION (Give	kind of work done 10	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Slote		12 CITIZEN OF WHAT COUNTR		
	during most of working life,	even if retired)	Self employed	Mervland		U.S.A.		
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	John Slate	r		Unknown				
1	S. WAS DECEASED EVER IN U	ARMED FORCES? 10	6. SOCIAL SECURITY NO 17.	INFORMANT	Address			
_	(Yes. no. or unknown) (If yes, gove	war or dates of service)	None (	Charles Slat	ber 1942 Bell	Ave.		
	Conditions, if ony, which gove rise to immedia couse (a), stoling the underlying couse last.	le (D)	Herin ocher	via & Va	incular Due			
	PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART II. OTHER SIGN PART III.  IIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO			
		SE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I or Port II of item 18.)			
	20c. TIME OF INJURY Mont Hour o. m. p. m.	h, Day, Year 20d. 19 While	e _ Not while_ fo	ACE OF INJURY (Home, form, ictory, street, office bldg., etc	20f. (City or lown)	(County) (State)		
	21. I certify that I attended the deceased from 22. 1954, ta 2/27, 1921, that I last saw the decease alive on 2/17, 1925, and that death accurred at 4. AM, from the causes and on the date stated above							
	ACTUAL SIGNATURE M.D. 1305 from the AL) 2/27/05							
	NAME (Type) Dr. Ja		ederick 130	5 Francis Av	ve. Halethorn	a_27_Md.		
0.40	720. BURIAL, CREMATION, 22b. REMOVAL (Specify)	DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, fown, or o	ounty) (Stole)		
	Burial 3	2/59	Meadowridge	Cometeny	Dorsey, Apna	Arundle Md.		
2	3. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS		D BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE		
1	im loss me	1225 10	Inhen Junior	, Red. DATE MA	IR 2 '59 Char	hun & Firedam		

may be retained by the haspital or attending physician.

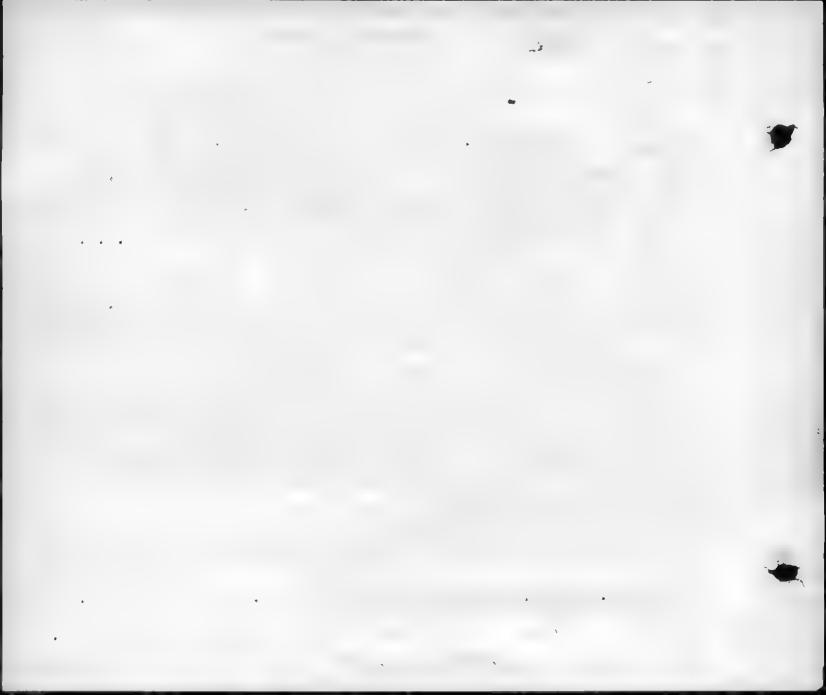
O FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in the foundation of the filled with page 3 shaults detached far use as the burial-transit permit. Then please remaye carban papers, Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. may be reta

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A15 (4) 15M 10/57

er death. Italie II



DATE FEB 9

Cirthur S. Fraus

death.

**VS A15 (4)** 

15M 9/55



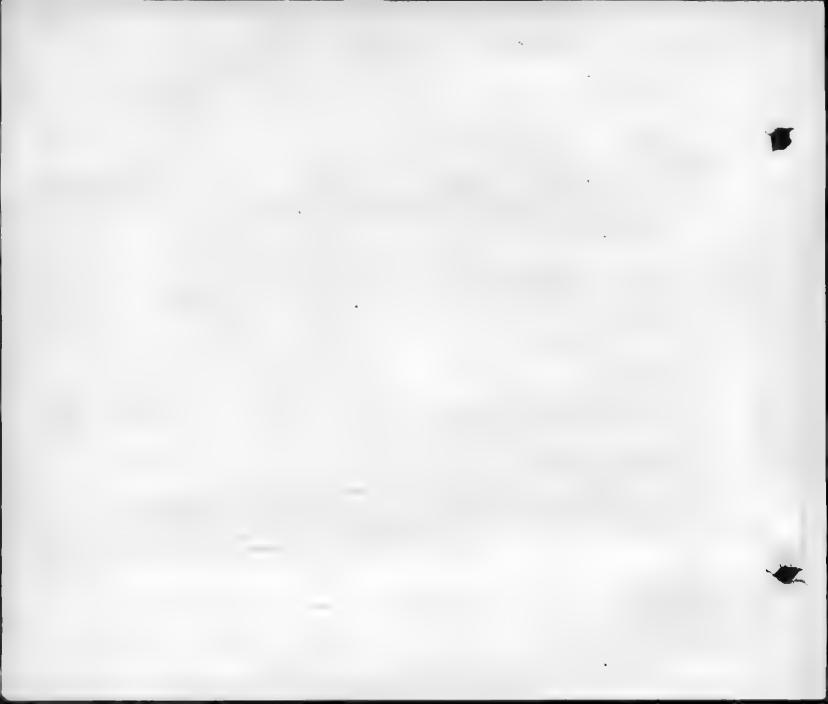
VS A15 (4) 15M 9/55

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			_

**CERTIFICATE OF DEATH** 

Reg.	Dist	MI-
K#S.	DIST.	LAC*

A VAIA				114 81 212	17 (10)
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o STATE	land	6 COURTY O 1	e before admission) timone
CITY OR TOWN (If autide carparate limits, RURAL and give nearest fawn)	write c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF or	itside corporate l	limits, write RURAS and g	ive nearest lawn)
lowson		55 Town	on		
d. NAME OF HOSPITAL (If not in hospital, give	street oddress)	/d. STREET ADDRESS	272		. IS RESIDENCE
OR INSTITUTION 6508 Local	r Hill Road	/ /	ch Hil	1 Road	ON A FARM?
				L Nouu	YES NO DEX
3. NAME OF First DECEASED	Middle	Lost /	4. DATE OF	Month	Day Year
(Type or print) //vs. Lida		Smith	DEATH	Jebruary i	14th 1959
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. A		YEAR IF UNDER 24 HRS.
vemale white w	IDOWED DIVORCED	Nov 16, 187	9	7 Q yrs. Manths	Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work don	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or fareign country	12. CITI	ZEN OF WHAT COUNTRY?
during most of working life, even if retired)		Rollings	a Man	uland	11SA
13. FATHER'S NAME	<u> </u>	114, MOTHER'S MAIDEN N		yland	May 1
	11. 11. 11	4. 1 1.	_		
John trederick So		Martha He	nry.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES	out 1	NFORMANT	1 1 .	Address	1 11.110
	//	brs. (arroll	. Alment	, 0508 Loc	ch Hill Road
18. CAUSE OF DEATH [Enter only one coute	per line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Con eva a s	a Dereis	-0.1		ONSET AND DEATH
IMMEDIATE CAUSE (o)	Journary	<u>CCourt</u>			
502.0	00 - 6	17.	20	.0 .	111
Conditions, if any, which by gove rise to immediate	Chronic W	yotordule	- na	nonate	Unknown
couse (o), stating the under-	0 1 0	tr	/		
lying couse last. (c)_	general ce	reno-occe	1 ofen		
PART II. OTHER SIGNIFICANT CONDIT	Ida'S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NOITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		-			YES NO D
PART II. OTHER SIGNIFICANT CONDIT	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II o	item 18 )	
OR CONTRIBUTING CAUSE OF DEATH					
20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or to	nwa) (C	ounty) (State)
Haur a.m.	While Nat while fo	ctory, street, affice bldg., etc.			20.017
₹ p. m. 17	at work at wark	1 60 0		4	
21. I certify that I attended the de	eceased fram	195 %, to 0	Selv- 15	-, 19 <u>.5.7.</u> ,that I I	ast saw the deceased
alive an 2-14-	19_59_, and that death	accurred at	M, from th	e causes and on th	e date stated above.
00	11 0		DDRESS (Street,	city or town, state)	DATE SIGNED
SIGNATURE 111 Lee	R Janans	un \$155	LOCH	RAVEN	BLVP .
PHYSICIAN'S PR LE	E KUTARG	0	Tow	SON - 4	MD
220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, tawn, or county)	(State)
Burial 2/17/59	Baltimore (	emeteru	Balti	more. Mar	uland
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	24b REGISTRAR'S SIG	NATURE
Leonard J. Ruck 531	05 Hartord Road	d #14 DATEER	1 7 '59	C = 1 8 to	A
	J	~ 7	1 1 22	1 5 3000 1 10 16	talks.



**CERTIFICATE OF DEATH** 

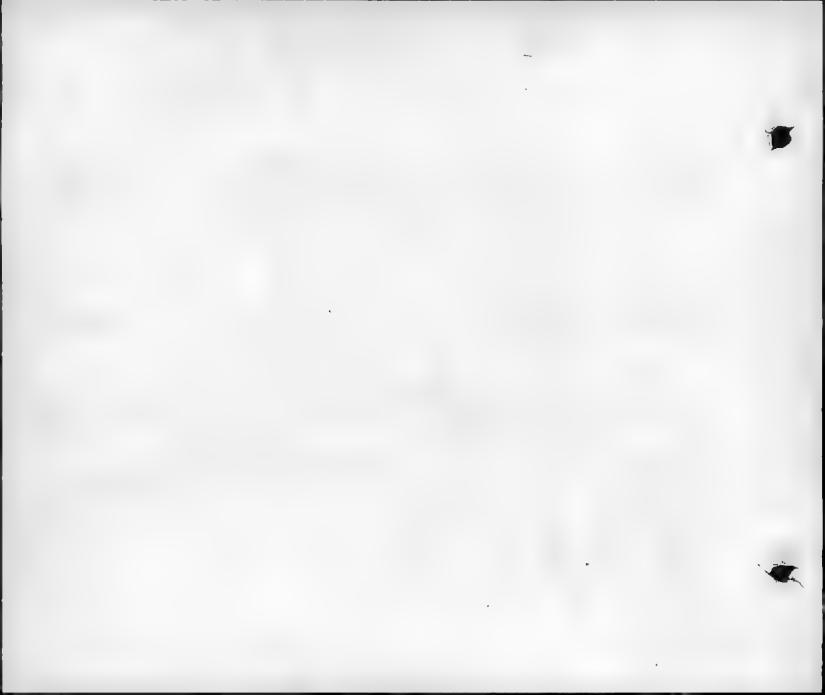
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	7037	CERTIFICA	TIE OF DEATH	R	eg. Dist. No.
)	1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	b COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write https://www.cite.com/or/or/or hearts)	c. LENGTH OF STAY IN 16 20 Years	c. CITY OR TOWN (IF outs	ade corporate limits, write RUR	At and give nearest town)
۵	d. NAME OF HOSPITAL (If not in hospital, give street as OR INSTITUTION	(dress)	d. STREET ADDRESS	ter fane	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) WaDE Han	Middle Middle	SMITH 4	DATE Month OF DEATH	Day Year 12 1959
	Male Col, WIDOWED	DIVORCED [	June 22, 18%	77 Sorthday) M	UNDER 1 YEAR IF UNDER 24 HRS danths Days Hours Min.
\	10a USUAL OCCUPATION (Give kind of work done 10b K during most of working life, eyen if retired)	IND OF BUSINESS OR INDUS	Me	1	12 CITIZEN OF WHAT COUNTRY?
)	13. FATHERSYNAME J. M. C. S. M	the	MANUEL MAIDEN NAME	nelson	w
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Se (Yes no or unknown) (If yes, give wor or dotes of service)	More 1	MILL OFMAN	the - 56 like	the ham Villay
	1B. CAUSE OF DEATH [Enter only one cause persone PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	far (a), (b), and (c).]	warder ;	Diserce	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which	rteria 8	Charren	2	
	gave rise to immediate cause (a), stoting the under-	Englister	etern		
	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTERPLIES TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	TIBE HOW INJURY OCCURRED	). (Enter nature of injury in Par	i i ar Port II af (tem 18.)	
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJ Haur a. m., White at work	Not while Foc	ICE OF INJURY (Hame, farm, lory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that thended the deceased		accurred at #130 A		hat I last saw the deceased on the date stated above.
	ACTUAL SIGNATURE	value of	A.D. EAD	COESS (Street, city oppown, sta	
	PHYSICIAN'S THOMAS J	Wood	PiDGe	EL PRI	DGE, MB,
	220 BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Spedify) 2-1.5-59	22c NAME OF CEMETERY OR	Ele 27	of LOCATION (City town, or co	etall 6. md.
1	23. FUNEAU DIRECTOR'S SIGNATURE	CANONESS USE	Mul 240 REC 0 B	registrar 246. REGISTR	AR'S SIGNATURE

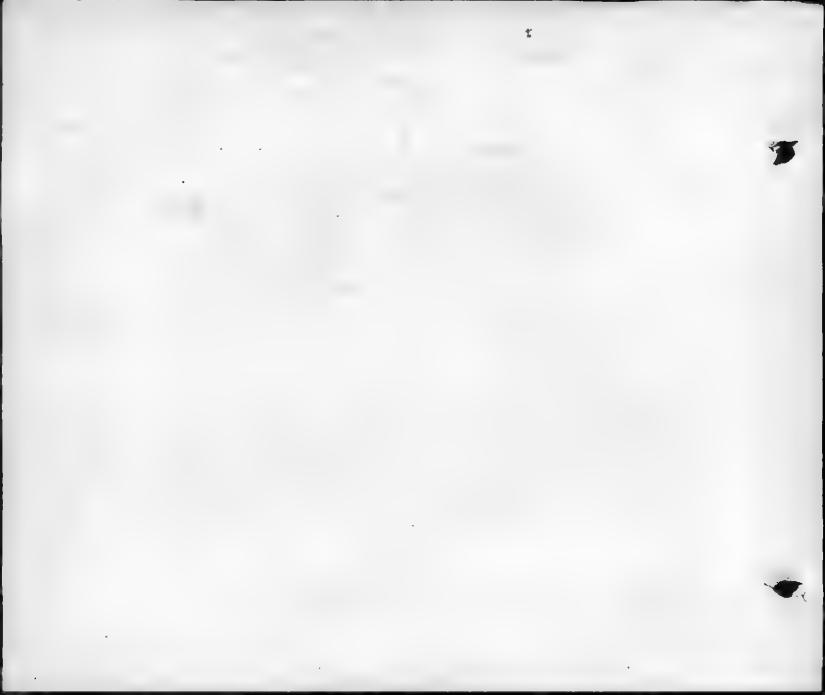
may be retained by the hospital ar attending physician.

TO FUNERAL D. CIOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached for == as the b=ri=b-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to buriol, crematian, or removal, and in any event within 72 hours, ofter death. ATTENDIB ##YSICIA#: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 TO HOSPITAL OR VS A15 (4) 15M 10/57

N



		1870	CERTIFICA	TE OF DEATH	Reg. Dist.	n164
1		LACE OF DEATH		2 USUAL RESIDENCE (Where decea	sed tived If institution- Residence	
1	ľ	Baltimore	MARYLAND	o. STATE	Balti	more
		CITY OR TOWN (if outside corporate limits, write	c. LENGTH OF STAY IN 16		porote limits, write RURAL and give	
		RURAL and give nearest town) Pikesville	Several Yrs	. x Pitesville		
		I. NAME OF HOSPITAL (If not an hospital, give street OR INSTITUTION		d/STREET ADDRESS		e. IS RESIDE
1		Robb Nursing Hor	ne l	Essex Rd. n	r. Liberty	YES N
	3	IAME OF First	Middle	Lost 4. DATE	Month	Doy Yea
		Type or print) Ilinerva P.	Snyder	OF DEAT	н Feb. 20, 19	959 19
	5	EX 6 COLOR OF RACE 7. MARK	IED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	TEAR IF UNDER 2
-	1	F W WIDOWE	DIVORCED	Dec. 23,1865	OZ yrs Months De	oys Hours
·	100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)				N OF WHAT C
		Hone	Home	Williamspor	rt. Pa	USA
	13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		Barton Trescott		?		
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INF	ORMANT	Address	110
	,	No No	No IIr	. Barton Snyde	Town House	开艺
		18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c) ]		4. <del>50. 611 61</del>	INTERVAL BETV
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	alt.	7 111	7 2'	ONSET AND D
		40.0 DUE TO				4
		Conditions, if ony, which ) (b)				
		gove rise to immediate DUE TO				
		lying couse tost.				
0	CATION	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	PERFORM
44	FICA	20. ACCIDENT INVESTIGATION OF THE PRESE	TRIDE HOLL IN HURSE O COLLEGE		11 (1)	YES 🗍
		200 ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Po	art II or item IB.)	
	MEDICAL			E OF INJURY (Home, form, 20f. (Ci	ty or town) (Cou	nfy)
	MED	Hour o m. While of world of world	Not while tacto	ry, street, office bldg., etc.)		
		21. I certify that I attended the decease	ed from	19 % to	7.6 19	t saw the d
		- 12 27 /	- 17	occurred at 1 M, from		
			7	ADDRESS (	Street, city or fown, state)	DAT
		SIGNATURE	· La	, 808 Keist	ERSTOWN Rd	21
1				D	1 0 10	
		PHYSICIAN'S NAME (Type)		LIKESVILI	le 8, Ind.	
		BURIAL, CREMAT ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d LOC	ATION (City, town, or county)	(State)
		REMOVAL (Specify) 2/23/50	Wildwood Ce		71	` '
	T	C/ C/ J/ J/	HITTHHOOD CO	detery   This	llamsnort Pa	i e
		UNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY REGI	STRAR 24b. REGISTRAR'S SIGNA	



1491

CERTIFICATE OF DEATH

7.737	Keg, Dis	7, NO.				
1. PLACE OF DEATH O. COUNTY FOR MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Pesidence of STATE )	e before admission)				
b. CITY OR TOWN (If outside carporate limits, write RURAL and give searest laws)  24R5 7Mcs	c CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)				
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 20694 RHRWAY	10900CLGONS AVE	o. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) Mary Lew 15	Spencer DEATH F-26 YUGRA	Day Year				
5. SEX 6. COLOR OR RACE 7 MARRIED   NEVER MARRIED   WIDOWED DIVORCED	Sep 7 /6 /872   lost birthday)   Months	1 YEAR-IF UNDER 24 HRS. Days Hours Min.				
10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDIducing most of warking life, even if retired)	VIRRINIA	ZEN OF WHAT COUNTRY?				
PETER SUPER	14. MOTHER'S MAIDEN NAME	······································				
(Yes, no, or unknown)   Iff yes, give wer or date, of service)	ARINGTON HOWARD JOB BU	PRWay				
, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	via	INTERVAL BETWEEN ONSET AND DEATH 3 0845				
Conditions, if ony, which ) (b) NODA PITIS		Igranti-				
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c) SOUTHER PROPERTY.	ychosis	Dyr				
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]		1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
	RED (Enter nature of injury in Part I ar Part II of item 18.)					
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e f Haur a. m. 19 While at wark at wark	PLACE OF INJURY (Hame, farm, 20f (City ar town) (C factory, street, effice bldg., etc.)	ounty) (State)				
21. I certify that I attended the deceased from JCN, 1937, to Feb 35, 1934, that I last sow the deceased alive on Feb 35, 1939, and that death occurred of 6 A M, from the causes and on the date stated obove.						
ACTUAL SIGNATURE SIGNATURE SIGNATURE PLOCES C. Stado	ADDRESS (Street, city or town, state) M.D./40 Oat And DUNDAIK 22	Date signed				
PHYSICIAN'S WILLIAM C. Wade M.D.	/					
	YEN BOLTIMORE	Md.				
23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIG					

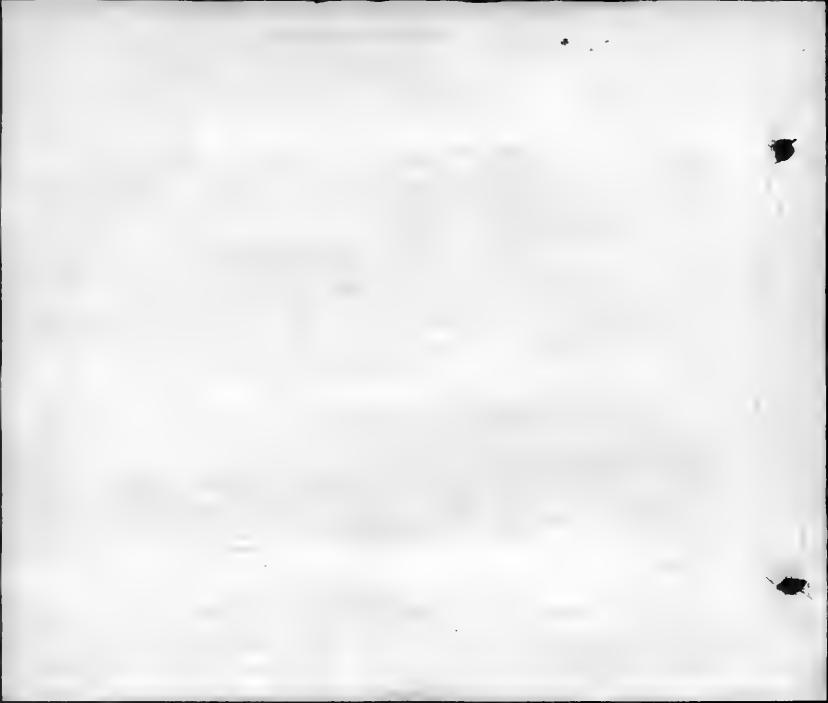
the funeral director, shauld be filed with ofter death. Page 4 O HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and year tell ed by the hospital as attending physician.

O FUNERAL OFFICIAL After this certificate has been signed by the ottending physician and completely filled page 3 shauls be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I an the registrar prior to burial, cremation, or remaral, and in any event within 72 hours after death. may be re TO HOSPITA

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(77)

VS A15 (4) 1SM 9/5S



		164	3	CERI	IFICA	ATE OF	DEAT	1			Reg. Di	st. No	la .	20-
1.	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2 USUAL RES a. STATE	Mary		d lived If in b. CO	stitution	Residen Balt	ice befo	ore odmiss	sian)
Г	b CITY OR TOWN RURAL and give	(If autside corporate limi	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If a	utside corpo	arate limits, w					n)
L	Owi	ngs Mills		83 yrs		7.	Owi:	ngs 1	Mills					
	OR INSTITUTION	eterstown		•		/ d. STREET		terst	town l	Road	i			HOTO
3.	NAME OF DECEASED (Type or print)	Warne		Middle	,	Strev	wie	4. DATE OF DEATH	Febru	Manth 1811	V	Do	~ ^	Year 19 59
5.	sex M	6. COLOR OR RACE	7. MARI	RIED NEVER MARR		Septer		875 10	9 AGE (In ) lost birth	rears I		Doys		ER 24 HRS Min
10	during most of we	TION (Give kind of wark tarking life, even if retired CSTET-TET)	red-	Farm pro			aryla:		country)		12. CI		SA	COUNTRY
13.	FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME						
L	Noai	1 Strewig				Mary	Agn	es Ø	nalmen	°S				
[Y	WAS DECEASED BY P. no. or unknown) NO	VER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO		s Katl	nerin	e S E	Bertso	Addres		ເຮ່ນເ	ırg	Md
		EATH [Enter only one co	use per li	ne for (o), (b), and (c)	-]							INT	ERYAL SE	TWEEN
	PART I. DI	EATH WAS CAUSED BY, IMMEDIATE CAUSE (o	, ]	Pulmonary	Ede	ema						UN:	SET AND	hrs
	4201	DUE TO	)											
	Canditians, if		Ar	terioscl	eret	ic Car	d10-	Vasci	ılar I	ise	ease			
	gave rise to cause (a), statin													
.,	lying couse last													
CERTIFICATION		THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITIO	N GIVEN	N IN PAR	T 1(o) 1	PERFO YES _	RMED?
	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER]	20b. DE\$	CRIBE HOW INJURY C	CCURRED	. (Enter noture	of injury in f	ort i or Par	t It of item 1	3.)				
MEDICAL	20c, TIME OF INJU Havr a. j. p. m	. 10	While of wor	NJURY OCCURRED  Not while of work	20e. PLA fac	CE OF INJURY lary, street, affic	(Home, farm, re bldg., etc.	20f. (City	or town]		(4	County)		(Stole)
	21. I certify	that I attended the	deceas	ed from ADX	il	19 5	3. to Fe	bruai	cv13 19	59.	that I	last so	aw the	decease
	alive on Fel		, 12_	29 , and that	death	occurred at	9:30	PM, fran	n the caus	es an	d an t	he da	te state	ed abavi
		70	~					ADDRESS (S	treet, city ar t	lawn, sta	ote)			ATE SIGNE
	ACTUAL SIGNATURE	Mertin E.	+ July	het		A.D. 48 1	Main	Stree	et				2-1	4-59
	PHYSICIAN'S NAME [Type]	Martin E.	Str	bel M.D.		Rei	sters	town	, Mar	ylar	nd			
22	BURIAL, CREMATI	ON. 226. DATE THEREC		22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCA	TION (City, to	wn, or	county)		(State	e)
	BELLE LA La Locit	F	1959	Reisters	town	Meth	Cem	Reis	terst	nwc			Md	
23.	FUNERAL DIRECTO			ADDRESS POR		. 355	24a. REC'E	BY REGIST	TRAR 24b.	REGISTS	RAR'S SIG	GNATUI	RE	
	lever by	Berrym	an	Reisters	S U OW	n Md	DATEFE	3 1 7 '5	9	1.00	2 120	Hona	A	

Contrar & Kroas

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or othending physician.

TOR: After this certificate has been signed by the ottending physician and completely filled in by deloched for use as the burial-transit permit. Then please temove corban papers. Pages 1 and it to burial, cremation, or removal, and in any event within 72 hours pheredeath. TO FUNERAL DI Poge 3 should be the registrar prior-TO HOSPITAL OR

VS A15 (4) 15M 9/55

funeral directar,

M

10



VS A15 (4) 15M 10/S7

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1499

**CERTIFICATE OF DEATH** 

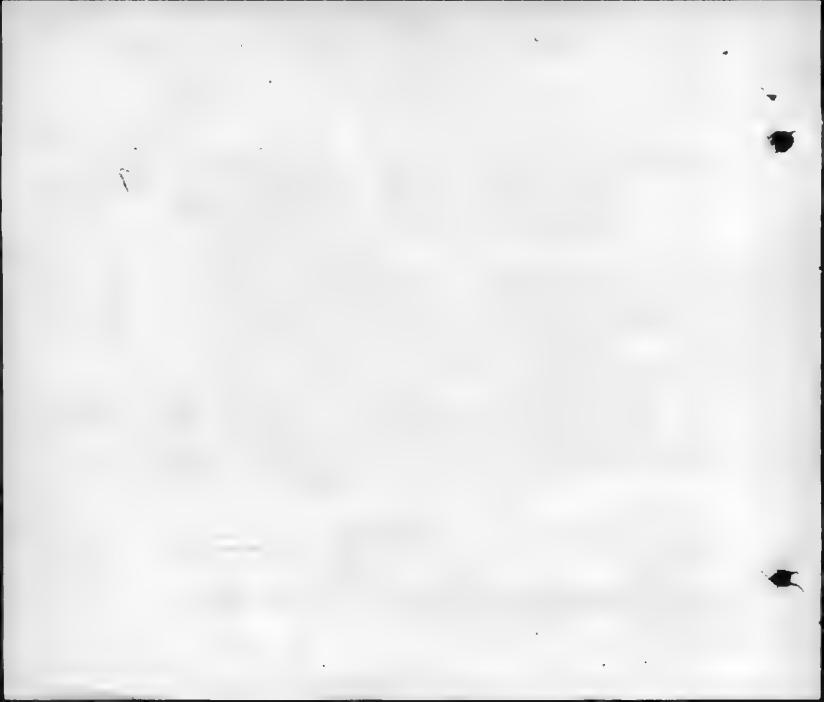
				rad. Dist. 140.		
1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived If institution- b. COUNTY	Residence before admission) Baltimor e		
b, CITY OR TOWN (f outside corporate limits, v RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	otside corporale limits, write RUR	At and give nearest town)		
Halethorpe	34 yrs.	Halethorpe	51			
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street oddress)	d STREET ADDRESS	i	e. IS RESIDENCE ON A FARM?		
4420 Poplar	c Ave.	5508 Carv	rille Ave.	YES NO		
3. NAME OF DECEASED (Type or print) Hilda G. Str	Middle rohrmann	Lost	4. DATE Month OF DEATH Februar	Doy Yeor TY 13 19 59		
		B DATE OF BIRTH	9. AGE fin years IF	UNDER 1 YEAR IF UNDER 24 HRS		
	IDOWED DIVORCED	July 29,189	00 68 yes	Annihs Doys Hours Min		
10o. USUAL OCCUPAT ON [Give kind of work done during most of working life, even if retired]	e 106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slate of	r foreign country)	12 CITIZEN OF WHAT COUNTR		
House work	Own Home	Maryland		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	NME .	<u> </u>		
George Wirth		Gertrude	Kreamer			
15 WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no or unknown) [If yes, give wor or dotte of service	7 16. SOCIAL SECURITY NO 17. I	NFORMANT	Address	}		
No		dward F.Stro	hmann 5508 C	arville Ave.		
18. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c).		ρ.	INTERVAL SETWEEN		
PART I. DEATH WAS CAUSED BY "MINMEDIATE CAUSE (o)	Sport Jacker - Ch	rome trabular	heart orbeins -	ONSET AND DEATH		
LLJ/X DUE TO						
Conditions, if any, which) of Marchery wholever nego coo orles -						
gove rise to immediate DUE TO			\$			
lying couse last.	in large life					
PART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO		
700 ACCIDENT WAS UNDERLYING 1 206 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D {Enter nature of injury in Pa	art I or Port II of item 18.)			
20c TIME OF INJURY Month, Day, Year		ACE OF INJURY Home, form,	20f (City ar town)	(County) (Stale)		
10	While Nat while take at wark at wark	area, and anter mog., me.,				
21. I certify that I attended the de	eceased fram	. 1949 . 10	Jol 13 19191	hat I last saw the decease		
alive an Jef 13_	1919 , and that death	occurred at 6 20		i on the date stated above		
	12		DDRESS (Street, city or Jovyn, stol			
SIGNATURE / Byderue U.	Warley ,	M.D. 1014 of raw	cis Cre - (Dal)	to 27-No.		
PHYSICIAN'S TREDERIZ	V DE ITLER			7 th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or c	county) (Stole)		
REMOVAL (Specify) Burial 2/17/59	Meadowridge		Dorsey Anne			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE		
Comprise Jan 122	V X . 1, 1	· MALEER	16'59 /7 /	0 %		



VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTA	MENT OF	HEALTH-	-BALTIMORE.	18
It	ema 1]	12,14	FilmG2	39 2-2	-BALTIMORE,	

		164		ema 11.1	IFIC	riim G239 2-2 ATE OF DEATH	4-59	et et	Reg. Di	st. No.	-46.	546
1. PLACE OF DEATH Baltimire Cosinty MARYLAND						2 USUAL RESIDENCE (Where deceased lived 16 institution: Residence before admission) o STATE b. COUNTY						
b. CITY OR TOWN (If outside corporate limits, write   c.   KNGTH OF STAY IN 16						MQ.						
RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
A NAME OF MOSPITAL PARTY IN THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE						X Baltimore						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION					d STREET ADDRESS					IS RESIDENCE     ON A FARM?		
	House in the Pines					Todd S	t. Sr	parrows		YES NO		
3.	3. NAME OF DECEASED First Middle				le	Last	4. DATE	Mon	th	Do	у	Year
L		ena Szelis	tows	ki			DEATH	<u> </u>	reb.	70/:	9	19
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARI	RIED 🗌	B DATE OF SIRTH		9. AGE (In years last bir(hday)	IF UNDE			ER 24 HRS
F	'emale	White	WIDOWI	DIVORC	ED 🔯	March 15/18	381	77 yr	Months	Doys	Haurs	Min.
10	USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLACE (Stole o	r foreign c	ountry)	12. CI1	IZEN C	F WHAT	COUNTRY
	_	rking life, even if retired Retired	Jugoslavia U.					S.A.				
13	FATHER'S NAME	(002200	14, MOTHER'S MAIDEN NAME									
Tr. land												
15.	WAS DECEASED BY	JACOD ODT	INFORMANT Address									
Yet no or unknown)     If yet, give wor or dofter oil terrice)												
-	1	No				ary Szelisto	wski			-		
	PART I. DEATH WAS CAUSED BY:									INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (0) Compared on South Janker										1205	
	440X DUETO											
	Conditions, if any, which ) (b) Chr. Hypertensian wider Vascular Cases 107, ?											
	gove rise to immediate couse (o), sloting the under-											
	lying cause lost. (e)											
Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY											
E	melas	lake has	Kil!	ann Aten	VO-E	Wiretnama !	324	mari	3213-	-	YES M	RMED?
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING				D. (Enter noture of injury in P	ort I ar Par	t II of ilem 18.)	- 0		***************************************	
GE S	OR CONTRIBUTING	G CAUSE OF DEATH										
K	20c. TIME OF INJU		or 20d. If	VJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form,	20f /City	r or town)	16	County)		(Slote)
MEDICAL	Hour o. m	10	While	Not while	fo	ctary, street, office bldg , etc.)	1	or runny	f,	Coonty		(siole)
3												
	21. I certify that I attended the deceased from 2-3-, 1957, ta 2-7-, 1957, that I last saw the deceased											
	alive on											
	ADDRESS (Street, city or town, state) DATE SIGN											
	SIGNATURE TYLINA JOHNAGO M.D 82093							er Ped.		4	2/10/	59
	11											
	PHYSICIAN'S NAME (Type)	Honey A.	00	1/2987		Calonar	elle-	28,212	<i>y</i> .			
220	BURIAL, CREMATIC		F	22c. NAME OF CE	METERY C	R CREMATORY	22d LOCA	TION (City town, o	or county)		(Stot	•)
	Burial	Feb.	12/5	Sacr	ed I	Heatt of Mar		Balti	**		(5.5)	
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE												
	Fred	W. Ozazew	slet	1930 Fa	ster	n Ave. DATE FE						
-		THE CALCULATION		TOO 1.0	- UU UU J	TA TAY OF WALL PE	E	رنب الال	of hours of	1610	CEARS.	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO NO

> > (Stote)

Md.

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Months

relsen

Address

1217 St. Paul St. Inc.

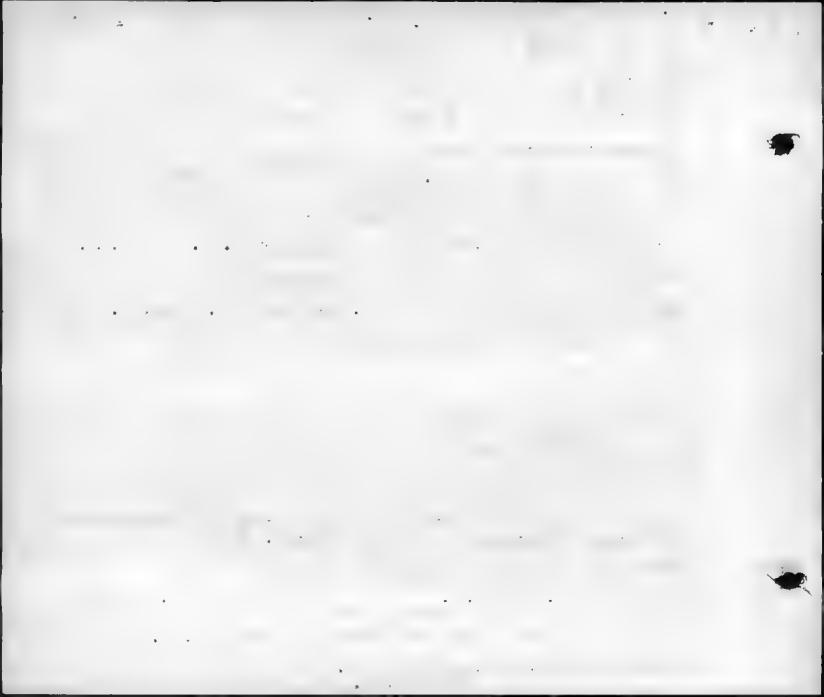
VII A15 (4)

DATE FEB 2 0 '59

24b. REGISTRAR'S SIGNATURE



death;



## CERTIFICATE OF DEATH 1647 I director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Md. Baltimore death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3yrs Reisterstown Reisterstown d. NAME OF HOSPITAL (If not in haspitol, give street address) d. STREET ADDRESS OR INST TUTION 409 Main Street 409 Main Street 9 NAME OF Middle DATE DECEASED OF DEATH Feb.12,1959 Melvin Earl Tilsch (Type or print) 9. AGE (in years lost birthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Aug. 12, 1924 Months WIDOWED | DIVORCED | Male White papers. 100 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if relired) Disabeled Veteran 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Baltimore, Mid. 12. CITIZEN OF WHAT COUNTRY? puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry W.Tilsch Mary E.Schmick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes 16-18-0348 Mrs. Mary E. Tilsch, Reisterstown, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** catse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Hour a. m. factory, street, office bldg., etc.) Nat while at work at wark Fobrusy /2 195 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death accurred at 3 FIPM, fram the causes and an the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) page REMOVAL (Specify) Woodlawn, Md. burinl Feb. 16.1959 Lorraine Park 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE J.F. Eline & Sons, Reisterstown, Md.

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01649

Reg. Dist. No.

e. 15 RESIDENCE

ON A FARMS

Year

19

Hours

INTERVAL BETWEEN ONSET, AND DEATH

acro

WAS AUTOPSY PERFORMED? YES NO [

(State)

DATE SIGNED

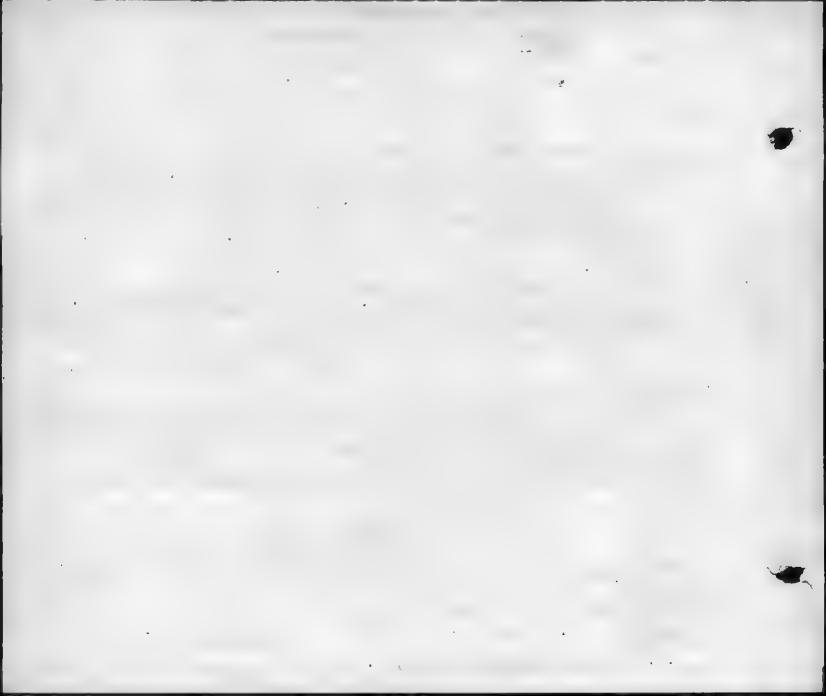
(Stote)

YES NO

Doy

U.S.

(County)



ely filled in Control funeral director, Pages 1 and 2 should be filed with

er death" Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 1SM 10/57

may be retained by the hospital or attending physician.

\*\*TO FUNERAL DIXECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I am the registror prior to burial, cremotian, or remaval, and in any event within 72 hours effect death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1648

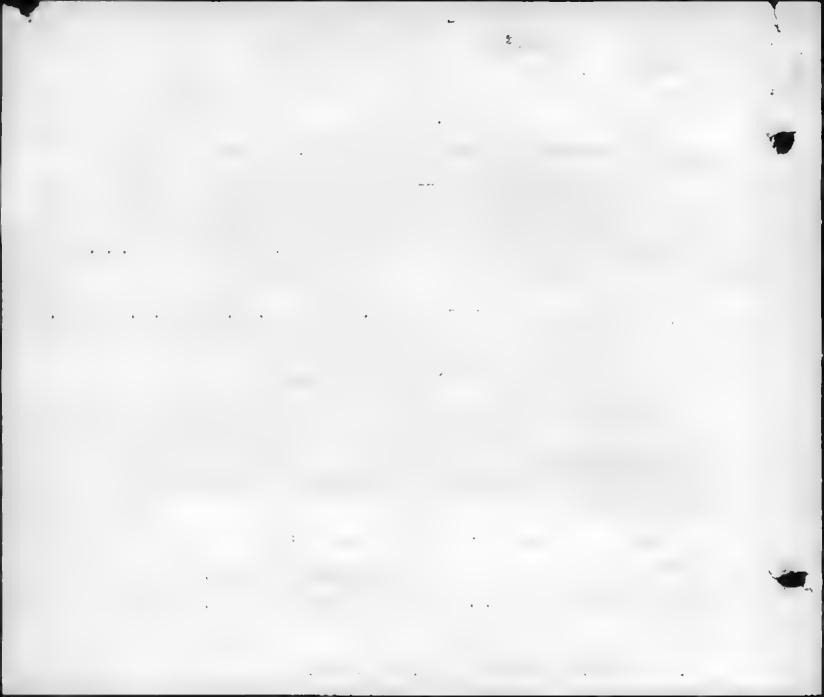
**CERTIFICATE OF DEATH** 

01650

			-IL	U	Ų.
Reg.	Dist.	No.			

1 PLACE OF DEATH • COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDER	NCE (Whe		bved If institu b. COUNT		ence before	odmission)
b CITY OR TOWN	N (If outside carporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	WN (If au	tside corpor	ate limits, write	RURAL and	give neare	est fawe)
Fert	Howard		7 Days		Ва	ltimo	ore			2 1	yn ,
OR INSTITUTION	SP.TAL (If not in haspitel, g	pve street (	oddress)		d. STREET ADO	DRESS				e.	IS RES.DENCE ON A FARM?
Veterar	ns Administra	ation	Hospital	i	800 S	. Br	adway	7			YES THO Y
3. NAME OF DECEASED	Fie	st	Middle		Lost		4. DATE	Mo	onth	Day	Yeor
(Type or print)	WILL	MAI		TIF	RSCHMAN		DEATH	Febru	larv	13	1959
5. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRI	ED) 8	DATE OF BIRTH			9. AGE (In year)	IF UNDE		UNDER 24 HRS
Male	White	WIDOWE	DIVORCE	D ]	10/27/94			64 yrs	7110011110	Đays I	Hours Min
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPLAC	CE (State a	r fareign co	unity)	12. C	TIZEN OF	WHAT COUNTRY
Labores 13. FATHER'S NAME	•		Box Shop		Baltim	ore,	Mary]	land	U	S.A.	
	NA Million a law.										
	Otto Tirschma		SOCIAL SECURITY NO	12 180	FORMANT	ile Ki	instle		dress		
Yes, no or unknown) Yes	(If yes give war or dores of s	ervice)	6-01-2487		.Records	Vets	a Adm.			Howar	d.Md.
	DEATH [Enter only one concentration of the concentr	)	e for (o), (b), ond (c)	]						INTER	VAL BETWEEN T AND DEATH
Conditions, il gove rise to couse (a), stati lying cause to	immediate DUE TO		ERTOSCLERO	TIC F	EART DIS	EASE			<u> </u>	Unk	mown
CATI	OTHER SIGNIFICANT CON								IVEN IN PA		WAS ALTOPSY PERFORMED? (ES) NO [
CR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature of in	njury in Po	ort I or Port	Il of item 18.)			
WE STAND THE OF IND. Hour a. r	10	20d IN While of wark	IJURY OCCURRED Not while of work	20e. PŁAC facto	E OF INJURY (Ho ary, street, office b	me, farm, ldg., etc.)	20f (City	or town)		(County)	(State)
21. I certify	that Mattended the	decease	ed from Febru	ary_	6, 19, 59,	to Fel	oruary	z_13, 19_5	9xback	100000	000000000
ACTUAL SIGNATURE	Luis 14	Fa	A Jand that		DVAH	Al	DDRESS (Str	eet, city or town	ı, state)		stated above DATE SIGNED /14/59
PHYSICIAN'S NAME (Type)	CHIEN WET L	N M	.D.		VAH.	FORT	L HOM	RD. MAR	YLANE		
REMOVAL (Speci	TION, 226 DATE THEREO	50	22c. NAME OF CEM			7		ON (City, town,	(		(Slote)
burial	2015 516 14 21105	/_	Baltimor	e Nat				imore,			
23 FUNERAL DIRECTO	OK S SIGNATURE		ADDRESS	** ** *		40. REC'D FEE	BY REGISTS	AR 246 REG	SISTRAR'S S	CHATURE	1

Wm. Cook-Blight, Inc. 6009 Harford Rd., Balto ll. Md DATE



VS A15 (4) 15M 10/57

MARYLAND STA	TE DEPARTMENT	OF HEALTH—BALTIMOR	E, 18
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01652

1649 CERTIFICATE OF DEATH

		ľ	Į	U	U	
Dist.	No.					

Reg

	o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Whe	<ul> <li>F COUNTY</li> </ul>	on. Residence before admission) Baltimore
	b. CITY OR TOWN (If auts de corporate limits, write RURAL and give neorest town)  Overlea	c. LENGTH OF STAY IN 16			URAL and give nearest town)
-	d NAME OF HOSPITAL (if not in hospital, give street or INSTITUTION 710 Old Home Rd.,	oddress)	d. STREET ADDRESS	Home Rd.	e. IS RESIDENCE ON A FARM? YES NO K
	3. NAME OF DECEASED (Type or print) Ernest	Middle		4. DATE Mon	
	5. SEX 6. COLOR OR RACE 7. MARS		8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER TYEAR IF UNDER 24 HRS
	Male White WIDOW		Sept. 4, 1915	43 ym.	Months Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State o	r foreign country)	12 CITIZEN OF WHAT COUNTRY
	Policeman B	eth, Steel Co.	Parkto	on, Md.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Clarence M.	Tracey	Cat	therine Wigger	ns
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	NFORMANT	Add	ress
		16-01-5053 Mr	s. Doris C. Tr	cacey 710 Old	Home Rd.
	PART I DEATH Enter only one couse per lin	ne for (o), (b), and (c).]	those		INTERVAL BETWEEN ONSET AND DEATH 1 2 6.2.
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (b)	a on a syl	arten	discoss	5-70
)	PART II. OTHER SIGNIFICANT CONDITIONS (				YEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I ar Part II of item 18 )	
	Hour o.m. While	NJURY OCCURRED 20e. PLA Not while of work	ACE OF INJURY (Home, form, clory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease				7,that I last saw the deceased
	alive on 125	, and that death			ind on the date stated above.
	ACTUAL THE 1 SE		A	DDRESS (Street, city or town,	stole) DATE SIGNED
	SIGNATURE V .	u jez	MD. 1520 E	33	t. 2.17.59
	PHYSICIAN'S W. H. GREN	Z # R M.D	ida (t	0.18,7	ad.
	220 BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d LOCATION (City town, o	(0.0.0)
	Burial Feb. 19,1959 23. FUNERAL DIRECTOR'S SIGNATURE	Meadowridg		Dorsey,	Maryland.
×	Carraha Fureral Stone	740/ Belan	Ad DATEFEB	1 0 150	STRAR'S SIGNATURE



haretely filled in 3y ers. Pages 1 and 2

may be refered by the hospital or attending physician.

DEUNERA DIRECTOR: After this certificate has been signed by the attending physician and carry page 3 shavid be detached far use as the burial-transit permit. Then please remaye carban page the registrar priar to burial, cremation, ar removal, and in any eyent within 72 haurs after death.

TO FUNER

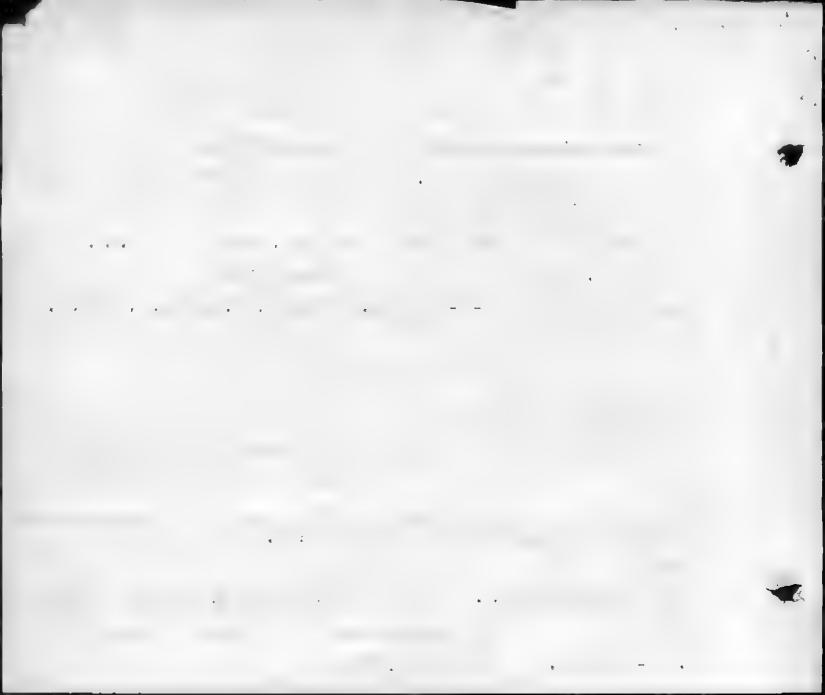
VS A15 (4) 15M 10/5II

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1650 **CERTIFICATE OF DEATH** 

01653 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Baltimore		шп	II o STAT	RESIDENCE (W		d lived. If institut b COUNTY		e before adn	nissian)
	b. CITY OR TOWN RURAL and give	(If outside corporate nearest town)	limits, write	c. LENGTH OF STAY IN	16 c. CITY	OR TOWN (If	outside corpo	prote limits, write	RURAL and g	ive negrest to	own)
	Fort Ho	ward		13 Days		Baltin	more	(6)	) 3	1	and oppose
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospit	ol, give street	address)	d. STRE	ET ADDRESS					RESIDENCE I A FARM?
	Veterans	Administ	ration	Hospital	40	Oh Pin	ewood .	Avenue			□ NO <b>1</b>
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Mo	nth	Day	Yeor
	(Type or print)		ALPH	М.	TUCKER		DEATH	FEBRUAR	Y 22		19 <b>59</b>
5.	SEX MEGLE	6. COLOR OR RA	WIDOW	RIED NEVER MARRIED	- / / / /			9. AGE (in years fost birthday) 36 yrs		Days Hou	
10c	LISUAL OCCUPAT	ION (Give kind of w	ork dane 10b.	KIND OF BUSINESS OR I	_	HPLACE (Stole	or foreign o		12 CITI	ZEN OF WH	AT COUNTRY
Ι.	Truck Dri	orking life, even it ref	ired)	eight-Expres		rdmont				S.A.	
13	FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
	Ralp	h S. Tucke	3 <b>.</b> "		1	ernice	Simp	son			
15. IYe	WAS DECEASED EV	ER IN U. S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT		-	Add	lre1s		
	Yes	WYII	24	5-07-6995	Clin.Reco	rds, Ve	ts.Adm	.Hospita	l,Ft.E	loward,	Md.
		EATH [Enter only on		ne for (o). (b). ond (c) ]				·		INTERVAL ONSET AN	
	100	IMMEDIATE CAUS		ENITA						1	EEKS
	- 7 x.	DUE	10	RONIC GLOMER	מוז ביותואבי דוד	TOTAL C					7.17.0
	Conditions, if		(b) Uni	TOMIC GLOPER	JICHNEPHR	TITO				15 Y	EARS
	couse (a), stating	g the under DUI	to								
Z	lying cause last	- /	(c)								
CATION	ARTERIO	LAR NEPHR	OSCLER	ONTRIBUTING TO DEATH	BUT NOT RELATE	O THE TERM	INAL DISEASI	E CONDITION GI	VEN IN PART	PER	S AUTOPSY FORMED?
CERTIF	200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING DEA G D CAUSE OF DEA Y MEDICAL EXAMINI	(TH ER) 20b DES	CRIBE HOW INJURY OCCU	URRED (Enter note	re of injury in	Part I or Part	III of item 18]			
MEDICAL	20c. TIME OF INJU Hour o. m p. m.		Year 20d. II While al worl	Not while	e. PLACE OF INJU foctory, street, o	RY (Home, forn ffice bldg., etc	n, 20f. (City	or town]	(Ci	ounty)	(Stole)
	21. I certify t	that attended	the decease	ed from Februar	y 9 . 195	9 oFel	bruary	22 1959	HERCEGE	ลติดสอก	*(7)6/3/37X
	ACTUAL SIGNATURE	lui Wz -	Pan	DOCOCC and that de	eath accurred	011:40	AM, from	n the causes ( treet, city or town,	and an th	e date sta	ited above DATE SIGNE
	PHYSICIAN'S NAME (Type) CI	HIEN WEI I	AN, M.	D.	VA	H, FOR	r Howai	RD, MARY	LAND	2/2	4/59
220	BURIAL, CREMATI		REOF	22c. NAME OF CEMETER	RY OR CREMATOR	ſ	22d. LOCAT	ION (City, town,	or county)	(5)	lote)
_	Burial	2-26	-59	Baltimore	National		Balt	timore,	Maryl	and	
	FUNERAL DIRECTO			6009 Harford	Road _	}	D BY REGIST	RAR 246 REGI	STRAR'S SIG	NATURE	
11/1	.Cook-Bl	TRIIL TUC.		Baltimore	Mary	nd DATER	2 '59	Cully	19 8. The	LUA.	







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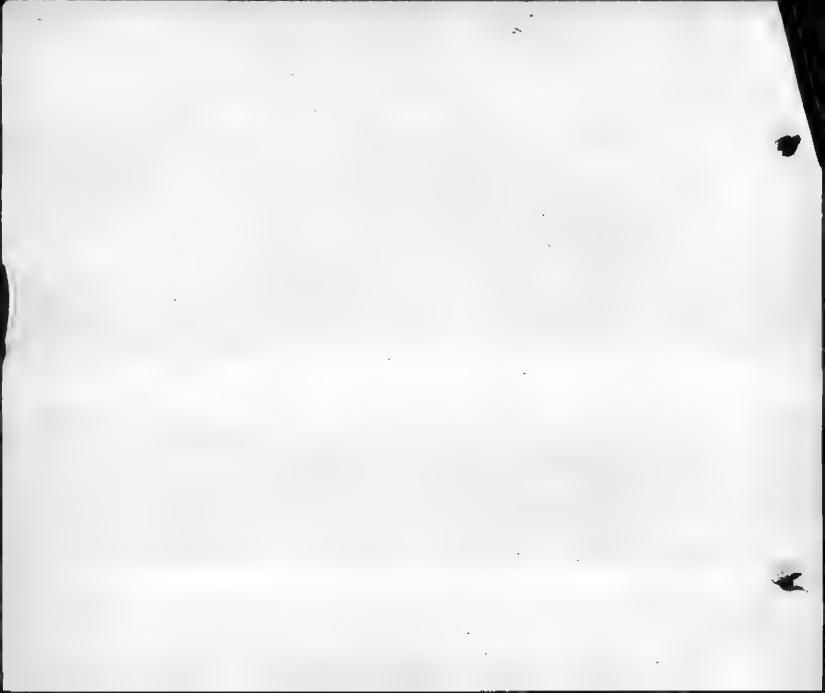
Ren Dist No

_		
0 14	o. COUNTY MARYLAND	2 USUAŁ RESIDENCE (Where deceased lived If institution- Residence before admission) o. STATE b. COUNTY BRATT
,	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	or INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION	15/2 Earline Ad. VES NO
	3 NAME OF First Middle  DECEASED (Type or print) ESTHER A. MELIA	Losi 4. DATE Manth Doy Year  TOTCHTON DEATH FEB. 18 1957
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED      Famali   Ithiti   WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS left birthdoy)  5 3 yrs.  1F UNDER 1 YEAR IF UNDER 24 HRS left birthdoy.  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Telephone Operator	Baltimore, Md. U.S.A.
	13. FATHER'S NÂME  JOHN  BOLLACK  IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8	14. MOTHER'S MAIDEN NAME  FL-CRENCL SHAFER  NFORMANT  Address
	(Yes, no or unknown) (If yes, give wor or dots of service) 2/2-05-0250 M.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	2. Just Sutchton 1512 to leve Al.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  4-0.1  DUE TO  e./	onset and Death
	Conditions, if ony, which gove rise to immediate couse (o), stating the under.  Lying couse lost.	le rous s/ corone ry
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
		PERFORMED? YES NO
	OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  OR CON	D (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to 19 While Not while at work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 2-13 alive on 2-19, and that death	19.59, ta 2 18 19.59, that I last saw the deceased accurred at 3150M, from the causes and an the date stated above.
7	ACTUAL FREEZE STORES STORES	ADDRESS (Street, city or town, stote)  M.D. 10 W. 7200-alson Bd. 2 70.57.
٧	PHYSICIAN'S NAME (Type)	
	120. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY O BELL 22al 2-21-59 Jaruling of	R CREMATORY 22d. LOCATION (City, lown, or county) (Stole)
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 418 Exotern 31	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

may be re ted by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeran page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed the registrar priar ta burial, cremation, at remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. TO HOSPITA

VS ATS (4) 15M 10/57



VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1653

**CERTIFICATE OF DEATH** 

n1657 Reg. Dist. No.

1. PLACE OF DEATH Baltimo	ore	MARYLANG	II a STATE	Marvl		d lived. If instituti b. COUNTY	an- Residence	before admir	isian)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	rate limits, write	c. LENGTH OF STAY IN 11	c. CITY OR	TOWN (If ou	itside corpo	orate limits, write R	URAL and give	nearest faw	m) v
Baltimore 12			Baltime	ore			3 VO1	4/-	
d. NAME OF HOSPITAL (If not in his OR INSTITUTION	ospitol, give street i	oddress)	d STREET A	DORESS					SIDENCE
Mercy	y Villa		3700 N	. Char	les 5	Street #	18		NO [
3. NAME OF	First	Middle	Los	it	4. DATE OF	Mar		Day	Yeor
(Type or print)	LOMA		TUTTL	E	DEATH	Feb.		23	19 59
5. SEX 6. COLOR O	R RACE 7. MARR	HED HEVER MARRIED	B. DATE OF BIRT	Н		9 AGE (In years last birthday)	Months Do		
Female Whi	te wibowi	DIVORCED	Sept. 1	2, 187	3	85 yrs	Months De	ys Hours	M'n
10a USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. if relired)	KIND OF BUSINESS OR IN			ır foreign c	ountry)	12 CITIZE	N OF WHA	T COUNTRY
Housewife  13. FATHER'S NAME			14. MOTHER'S	onsin	AAAP				
Hubert Fichten	150 5025560			ne Beh	rend				
15, WAS DECEASED EVER IN U. S. ARA			, INFORMANT			Add			
No			Mr. A. F.	Waltz	inger	-3700 N.	Charle	es Str	eet f
18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUS IMMEDIATE C  4.20.0  Conditions, if any, which gove rise to immediate cause (a), stating the under-	SED BY:	leve sele	neur	lear	t-de	reav		10 15	
OATK		CONTRIBUTING TO DEATH B					/EN IN PART 1	PERF	AUTOPSY ORMED?
		CRIBE HOW INJURY OCCUR	RRED. (Enter noture o	of injury in Po	ort I ar Par	t It of ilem 18.)			
20c. TIME OF INJURY Month, D Haur o. m. p. m.	While	Not while at wark	PLACE OF INJURY ( factory, street, affice	Hame, farm, e bldg , etc.)	20f. {City	or tawn)	(Cou	nly)	(State)
21. I certify that I attend olive on 2 2 2	ed the decease 8 9 , 19		oth occurred of	5 A	M, froi	m the couses of treet, city or town,	and on the	dote stot	
PHYSICIAN'S NAME (Type)			M.U.						with.
220. BURIAL, CREMATION, 226. DATE	THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)	(Sto	ile)
Removal (Specify) 2/25	5/59	Flushing C	emeterv		Flus	hing, Lo	ng Isla	and.	
3. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24o. REC'D			STRAR'S SIGN		
Vm. J. Ichre	NYJE	12/2-17	md.	DATEB	2 4 '59	(:		usd	



01658

Reg. Dist. No.

a. COUNTY	Baltimore	MARYLAND	d. STATE Mary	Land		ltimo:	
b. CITY OR TOW!	N (If outside corporate limits, write NUR/ fown)  Raspberg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If autside corporate	limits, write RURAL (	and give ne	arest fawn)
_+	SPITAL OR INSTITUTION (If not McCormick Aver		d. STREET ADDRESS 5217	McCormick	Avenue		e. IS RES DENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Bernard	J. Vo	gel	4. DATE OF DEATH F	Month ebruary	15	Year 19 59
s sex Male	1996 A.A	MARRIED NEVER MARRIED   E	Oct. 13, 190	lost	E (In years IF JND Months yrs.		Haurs Min.
Building	rking life, even if retired) Superintenden	t Sr. Heart Chur	ch Baltim	ore	12. 0	TIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME	John Vogel		14. MOTHER'S MAIDEN	roline Ret	hman		
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCES (If yes, give war or dates of service		nformant 'S. Regina Vo	ogel 52	Address 17 McCorm	dck A	ve.
PART ), E  420 Conditions, if gove rise to im	any, which (b)	or line for (o), (b), and (c).]	y Dec	LUSIO		INTERY	AL BETWEEN AND DEATH
200. EXTERNAL	OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT I					WAS AUTOPSY PERFORMED?
20c. TIME OF II	HURY Month, Day, Year m.	20d NJURY DECURRED 20e. Place North Poor Work 20 work	CE OF INJURY (Home, for ory, street, affice bldg., et	rm, 20f. (City or tow	(n) (C	Casniy)	(State)
	that I took charge of ted from: Natural cause	the remains described aboves of Accident , Sui	cide [], Homicid	le 🔲, Undete	fion , Inqu rmined cause [	iry 2.	and find that  page signed  19 =
EXAMINER'S NAME (Type)  220. BURIAL, CREMA REMOVAL (Spe- Burial	cify)	22c. NAME OF CEMETERY OR		22d. LOCATION (	City, tawn, ar county	7)	(State)
23. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	24a. REC	Baltimo	re Maryl 246. REGISTRÁR'S		É
TITTY OF	verter Tuc. To	03 S. Wolfe St.	PATE 1	7 150	2-4-2-2		

VS A15ME(S) 5M 9/55

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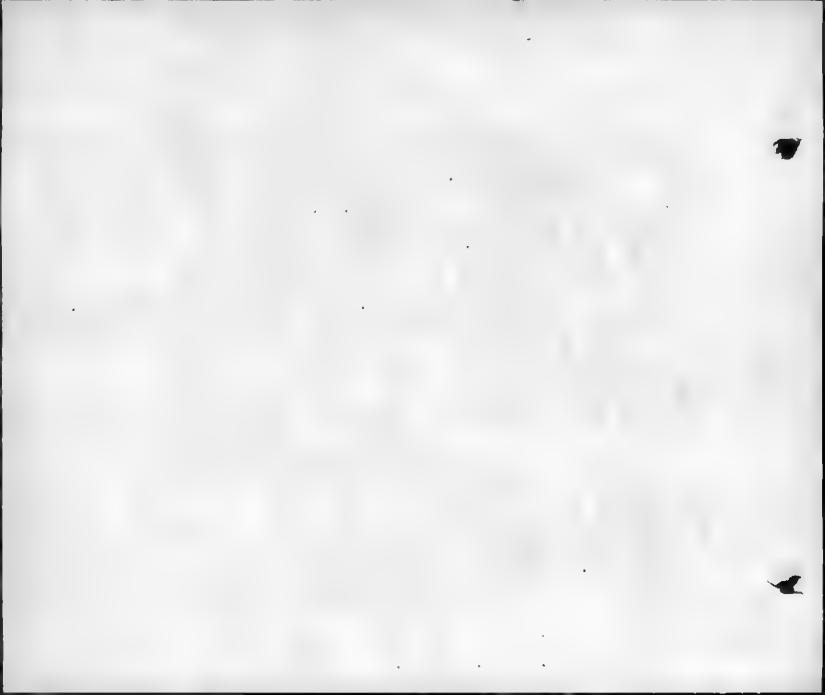
# 1

TO DEPUT AFDICAL EXAMINER. This certificate should be executed within 24 hours ofter death. If any delay, necessory, is cute the first examiner of "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral stor. Page 4 forward. To the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fix.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial.

necessory, please exector. Page 4 should be

cremotian,



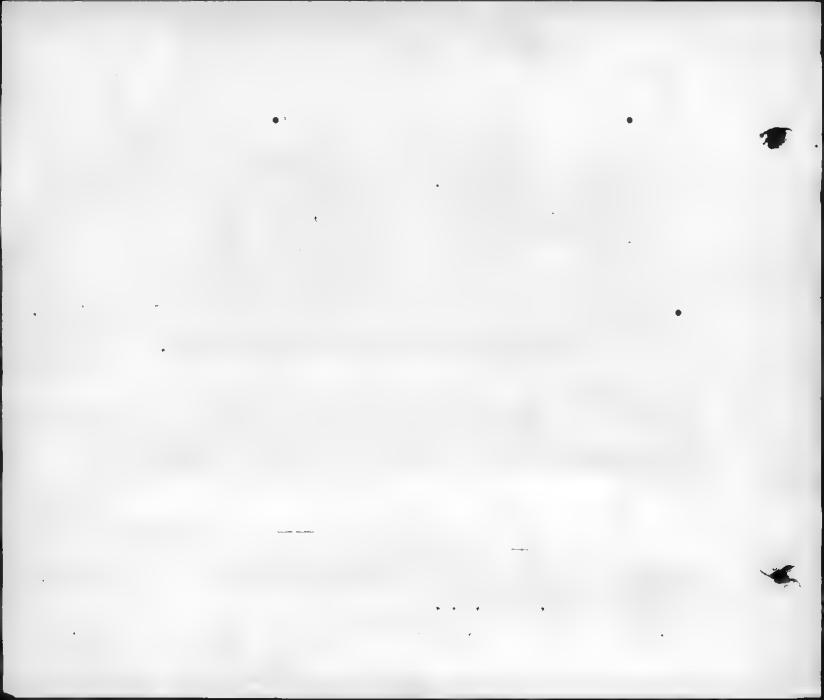
#### FOR STATE HEALTH DEPT.

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al.	63	warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be r	0	0
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	60	4 should be	atte	or its designated agent, prior to burial, cremotion, ar remaval, and in any-event within 72 hours after
O		-	0	-
-			TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the	
15	execute the carificate, writing the word "pending" in mindt in Item, 18. Give Pages 1, 2, and 3 to the	15	MF	
5	M :	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 , MEDICAL EXAMINER'S CERTIFICATE OF DEATH

n1659

b. CITY OR TOWN (If outside corporal limits, write RURAL and give nearest town)  Tewson  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  511 Virginia Avenue  3. NAME OF DECEASED (Type or print)  G. COLOR OR RACE  Female  White  WIDOWED  DIVORCED  JUNORCED	WATSON DATE OF BIRTH Fune 9, 1919  11. BIRTHPLACE (Stole England 14. MOTHER'S MAIDEN N Unknown ORMANT LISON WARD W	land outside corporet  N Virginis  4. DATE OF DEATH  9. A to to to to to to to to to to to to to	b. COUNTY le limits, write R  Avenue  Month  Februs  AGE [In years birthday)  yrs.  Address  Address	Balt: URAL and give  De Ary 1  FUNDER LYEA  Months Days  12. CHIZEN  US.	e neorest lown]  Le. IS RECEIVENING ON A FARR YES NO NO A FARR YES NO NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO A FARR YES NO NO NO A FARR YES NO NO NO A FARR YES NO NO NO NO NO NO NO NO NO NO NO NO NO
Baltimore  b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest fown)  Towson  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  514 Virginia Avenue  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  514 Virginia Avenue  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  White WIDOWED DIVORCED DIVORC	c. CITY OR TOWN (IF  C. CITY OR TOWN (IF  TOWN  J. STREET ADDRESS  J. STREET ADDRESS  WATSON  DATE OF BIRTH  June 9, 1919  Th. BIRTHPLACE (Stole  England  A. MOTHER'S MAIDEN N  Unknown  ORMANT  LSON Ward W	Virginis  4. Date OF DEATH  or foreign countries  IAME	Avenue  Month Februs  AGE In years to birthday)  Address  Address  51	De De LITTE LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA CONTRACTOR LA C	e neorest lown]  e. IS RESTINENT ON A FARR YES NO  THE NOTE OF WHAT COUNT  A  Inia Ave  ITENVAL RETWEEN
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)    SULT VIRGINIA AVENUE	d. STREET ADDRESS  d. STREET ADDRESS  Solution  WATSON  PATE OF BIRTH  Tune 9, 1919  111. BIRTHPLACE (Sloid  England  L. MOTHER'S MAIDEN N  Unknown  ORMANT  LISON Ward W	Virginis  4. DATE OF DEATH  or foreign country  NAME  atson	Month Februa AGE In years of birthday) 39 yrs.  Address 51	Do Do Dary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Te. IS RECURSENION ON A FARA YES NO  19 55  IR IF UNDER 24 H Hours Min.  OF WHAT COUNT  A
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)    Solicity   Unknown  Jane Of Birth  Lost  WATSON  Date Of Birth  Line 9, 1919  11. Birthplace (Slote  England  Linknown  Unknown  ORMANT  LISON Ward W	Virginis  4. DATE OF DEATH  9. A lo lo lo lo lo lo lo lo lo lo lo lo lo	Month Februs AGE [In years of birthday] yrs.  Address Address	DE TY I TE AMONTHS DOYS  12. CITIZEN  US.	ON A FARA YES NO  19 55  RE IF UNDER 24 H HOURS Mrn.  OF WHAT COUNT  A	
SEX    SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX   SEX	WATSON  DATE OF BIRTH  Fune 9, 1919  11. BIRTHPLACE (State  England  14. MOTHER'S MAIDEN N  Unknown  ORMANT  LSON WARD W	Virginis  4. DATE OF DEATH  9. A lo lo lo lo lo lo lo lo lo lo lo lo lo	Month Februs AGE [In years of birthday] yrs.  Address Address	DE TY I TE AMONTHS DOYS  12. CITIZEN  US.	ON A FARA YES NO  Yeor  19 55  RR IF UNDER 24 Hours Min.  OF WHAT COUNTAIN  A
NAME OF DECASED (Type or print)  SEX  6. COLOR OR BACE  Female  White  WIDOWED  DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVEN DIVORCED  JUVE	VATSON  PATE OF BIRTH  Fune 9, 1919  11. BIRTHPLACE (Stole England  14. MOTHER'S MAIDEN N  Unknown  ORMANT  LISON Ward W	A. DATE OF DEATH	Month Februs AGE [In years of birthday] yrs.  Address Address	DE TY I TE AMONTHS DOYS  12. CITIZEN  US.	YES NO  Yeor  19 55  AR IF UNDER 24 Hours Min.  OF WHAT COUN  A
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 E	WATSON DATE OF BIRTH Tune 9, 1919 TIL BIRTHPLACE (SIGN) England 14. MOTHER'S MAIDEN N UNKNOWN ORMANT LISON WARD W	or foreign country	Februa AGE III years os burhday) 39 yrs.  Address 51	HEUNDER LYEA Months Days 12. CITIZEN US.	19 55  AR IF UNDER 24 H HOUR Min.  OF WHAT COUNTA  Inia Ave.
(Type or print)  SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 6 & COLOR OR RACE  Female  White  Widowed Divorced Divorced Our Usual Occupant On (Give kind of work done)  during most of working life, even if refired)  HOUSEWISE  3. FATHER'S NAME  Unknown  5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INF  17. INF  18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Conditions, if eny, which gove rise to immediate cause (a), stating the underlying course last.  (c)	Tune 9, 1919  11. BIRTHPLACE (SIGN)  England  14. MOTHER'S MAIDEN N  Unknown  ORMANT  LISON Ward W	or foreign country	AGE III years on burkday) 39 yrs.	HUNDER LYEA Months Days  12. CITIZEN  US.  L4. Virg	TENDER 24 HOUR Min.  OF WHAT COUN  A  Inia Ave.
Female White WIDOWED DIVORCED DO USUAL OCCUPATION (Give kind of work done) during most of working life, even if relired)  HOUSEWISE OWN home  3. FATHER'S NAME  Unknown  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPOSED AND AND AND AND AND AND AND AND AND AN	England La. MOTHER'S MAIDEN N Unknown ORMANT LISON Ward W	or foreign countries	Address	Months Days  12. CITIZEN  US.	Hour Min.  OF WHAT COUN  A  inia Ave.
OU USUAL OCCUPAT ON (Give kind of work done during most of working life, even if refired)  HOUSEWISE  OWN home  3. FATHER'S NAME  Unknown  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF  Tex., 10. at unknown) 1 f yet, give war or dofes of service) None  18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying course last.  (c)	England  A. MOTHER'S MAIDEN N  Unknown  ORMANT  LISON Ward W	atson	Address	US.	OF WHAT COUNT  A  inia Ave.
HOUSEWISE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  Conditions, if only, which gave rise to immediate cause (a), stating the underlying couse last.	England  A. MOTHER'S MAIDEN N  Unknown  ORMANT  LISON Ward W	atson	Address 53	US.	inia Ave.
Inknown  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  If yet, give wor or dotes of service)  None  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying couse last.  (c)	Unknown ORMANT LISON Ward W	atson	51	L4 Virg	inia Ave.
Unknown  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INP (rev. no. ar unknown) (figure was or date of service) None Wi  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fatty Liver seconds  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying couse last.  (c)	Unknown ORMANT LISON Ward W	atson	51	IN	TERVAL BETWEEN
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INP  16. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying course last.  (c)	ormant Lison Ward W	Washington day, additional, American	51	IN	TERVAL BETWEEN
If yet, give war or dotes of service)  None  IB. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if only, which gove rise to immediate cause (a), stating the underlying course last.	lson Ward W	Washington day, additional, American	51	IN	TERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)		Washington day, additional, American		IN	TERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Patty Liver seconds  (b)  DUE TO  College last.	ary to Chron	ie Alcol	holism.	IN OR	ITERVAL BETWEEN NSET AND DEATH
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	T RELATED TO THE TERMI	NAL DISEASE CO	OND TION GIVE	N IN PART 1(o)	19. WAS AUTOP
	• ,				YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUPRED 20≥ PLACE Hour o.m. While Not white foctors at work 19 at work	OF INJURY (Home, form, street, office bldg., etc.)	) 20f. (City or t	fown)	(County)	(5101-
21. I certify that taak charge of the remains described above opinion death resulted frame Natural causes X. Accident	, Suicide [], H	lamicide [	ection [], ], Undetern	Inquiry [	ner DATE SIGNED
SIGNATURE MELL	ASSISTANT MEDICAL EX				2/2/59
EXAMINER'S NAME (Type) Paul F. Guerin, M.D.	DEPUTY MEDICAL E	_			
20. BURIAL CPEMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY OR CI	REMATORY	22d. LOCAT ON	Y (City, Iown, or		(State)
Burial 2/4/59 Prospect Hill C	Cemetery	Towson			aryland
ADDRESS ADDRESS	240. REC'I	D BY REGISTRAR	24b REGIST	RAR'S SIGNAT	URE



death Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1656

**CERTIFICATE OF DEATH** 

01660

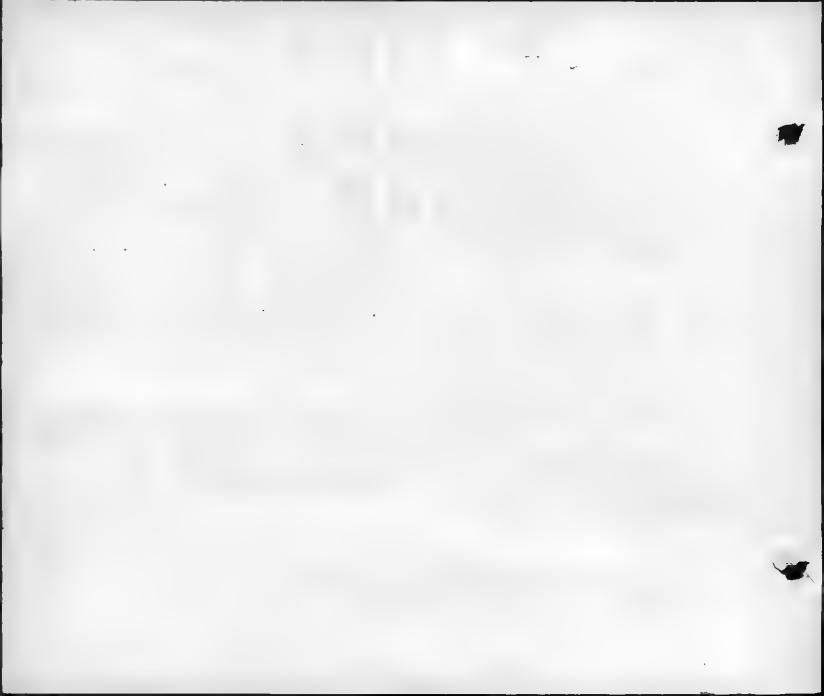
246. REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

2000			Reg. Dist, No.
PLACE OF DEATH	2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	: Residence before admission)
Baltimore MARYLAN	Maryl	and b. county	
b. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	16 X c. CITY OR TOWN (If o	utside corporate limits, write RUI	(AL and give nearest town)
Catonsville	Baltimore Hi	ghlands	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Ridgeway Manor Nursing Hom	ne 2900 Illinoi	s Avenue	YES   NO
NAME OF First Middle DECEASED	Last	4. DATE Month	Doy Yeor
(Type or print) WILHELMINA	WEDEMAN	DEATH Feb.	21 19 59
SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
Female White WIDOWED XX DIVORCED	Jan. 27, 187	7 82 yrs	Months Days Hours Min.
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Germany		U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME	
? Aschenbach	?		
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. I	7 INFORMANT	Addre	\$
NO	Mr. Bustav Wede	man - 3300 Hil	len Road #18
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o).  DUE TO	realar acua	Leaf-	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  (c)	la ta	ali ansenta A	2 mins -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
206 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED (Enter nature of injury in P	ort I or Part II of item 18.)	
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour o. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.	20f. (City or town)	(County) (Slote)
21. I certify that I attended the deceased fromlan	1959, la	Feb 21, 1959	that I last saw the decease
	eath accurred at //		d an the date stated above
PHYSICIAN'S NAME (Type)	mo.		
BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETER	RY OR CREMATORY	22d. LOCATION (City, town, or	county) (State)
REMOVAL (Specify) 2/24/59 Loudon Par	k Cemetery	Baltimore, Ma	rvland

may be relained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 748 funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any everit within 72 hours after death. TO HOSPITAL O VS A15 (4) 15M 10/57



1657 **CERTIFICATE OF DEATH**  01661

2001				Keg. Dist. No.
DEPTH BALTIMORE	MARYLAND	2 USUAL RESIDENCE (WHO STATE any and	ere deceased lived If institut b COUNTY	Baltimore
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore	Life	e city or town (if o		RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street of NAME OF HOSPITUTION 329 Silver Spring Road	oddress)	/d. STREET ADDRESS 329 Sil	ver Spring Roa	e is residence on a farm? yes \( \) no \( \)
3. NAME OF First DECEASED (Type or print) John Henry	Middle Wenderoth	Last	4. DATE Mor	A
5. SEX 6. COLOR OR RACE 7 MARRI Male White WIDOWE		B. DATE OF BIRTH  Jan. 9-1885	9 AGE (in years last pirthday) (II yes	Months Days Hours Min
10a. USUAL OCCUPATION [Give kind of work dane 10b to during most of working life, even if retired)  Retired	KIND OF BUSINESS OR INDU		ar foreign country) Co., Md.	12 CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
John Wenderoth		Eva Kna	auff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no. or unknown) [If yes, give wor or dates of service]		NFORMANT John K. Wender		ress Ave. Balto. Nd.
	2		, backward	13 years
PART II OTHER SIGNIFICANT CONDITIONS CO		NOT RELATED TO THE TERMI		VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE			
20c. TIME OF INJURY Manth, Day, Year 20d IN Hour a.m While at work	Not while for	ACE OF INJURY (Home, form clory, street, office bldg , etc	, i 20f. (City or tawn)	(County) (State)
21. I certify that I attended the decease alive on 20 19-19  ACTUAL SIGNATURE CUGGIC CLDAU  PHYSICIAN'S NAME (Type) L2 3 Cfie 1		occurred at 035 F	2. M. from the causes of abortess (Street, city or town, Lucu Aue.)  Lex 21 Ma	that I last sow the deceased and on the dote stated above slate)  DATE SIGNED  1-20-
22g Burial Cremation, 122b Date Thereof REMOVAL (Specify) Burial 2-23-1959		r CREMATORY	22d. LOCATION (City, town. Balto	or caunty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	7401 Selais 1		R 2 4 '5 1	STRAR'S SIGNATURE

may be retained by the haspital an attending physician.

Defuneral Rectors: After this certificate has been signed by the attending physician and camplelely filled in Usane funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. er death: Page 4 TO FUNERAL
poge 3 should

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haug

TO HOSPITAL VS A15 (4) 15M 10/57



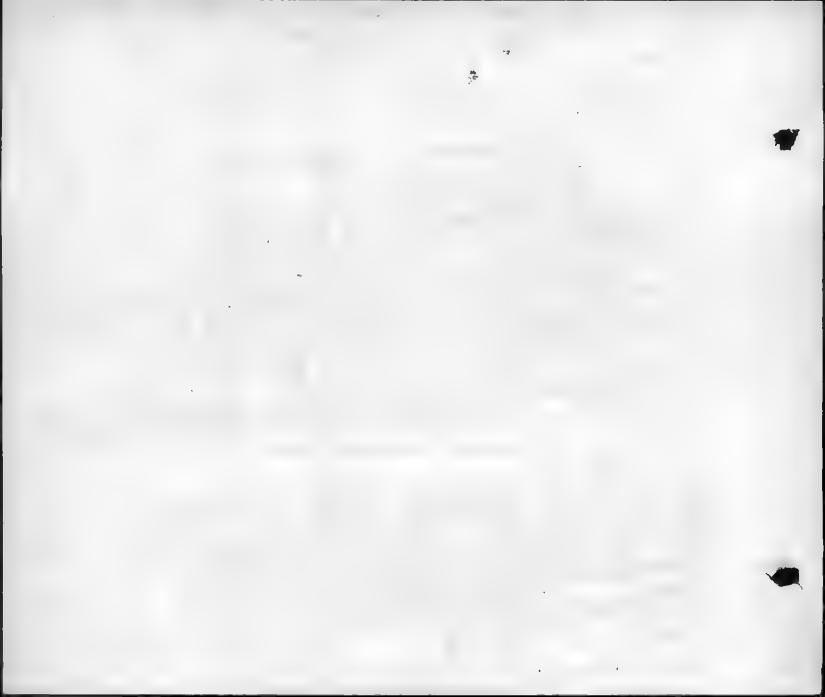
TO RESPITABLE

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Page 4	at director,
s ofter death;	funeral
haurs ofte	in the

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01662

	165	8 0	ERTIFICA	ATE OF	DEATH		Reg	. Dist. No.	(00)
1. PLACE OF DEATH 0. COUNTY	Baltimore		MARYLAND	2. USUAL RESI	DENCE (Whe	1	COLUMBA.	sidence before od Baltimo	
b. CITY OR TOWN (I RUSAL and give in PIKESV	f outside carporate limits, w carest town) LILO, Md		OF STAY IN 16	c. CITY OR		tside corporate lin	mits, write RURAL	and give nearest	lown)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give s  5 Slade A	,		.d. STREET A		ade Ave	•	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Helen		Middle G We	stheim	er	4. DATE OF DEATH	Month	18	Yeor 19 59
5. sex Female	6. COLOR OR RACE 7. White WIE		R MARRIED	8. DATE OF BIRT 1-31-1		9. AG	E (In years IF UI birthday) Mar 3 yrs. 00	ODER I YEAR IF U	
10o. USUAL OCCUPATION during most of work House	ON (Give kind of work done king life, even if refired)  WOYK	10b. KIND OF BUS	SINESS OR INDU	STRY 11. BIRTHPI	imore	r foreign country) , Md	1:	USA	HAT COUNTRY?
13. FATHER'S NAME	Julius Gutm	an	•	14. MOTHER'S	MAIDEN N	Hen	ny		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECU		NFORMANT	esthe	imer.8	Address 200 Spr	ing Bot	tom Wa
Ž.	the under (c) L	DESCRIBE HOW II						PE	Leury RANAUTOPSY RFORMED?
	MEDICAL EXAMINER)	Od. INJURY OCCU		ACE OF INJURY (				(County)	(Stote)
YOUR HOUR OF INJUR	19 0	Vhile Not whi I work 01 work	le fo	ctory, street, office	e bldg., etc.)			(600117)	(3,0,0)
ACTUAL SIGNATURE	at I attended the dec	ambu	gent .	M.D		M, fram the DORESS (Street, ci	causes and	at I last saw to the date si	
200. BURIAL, CREMATIO REMOVAL (Specify) Burial	2-20-59	Balt		R CREMATORY Hebrew	Cem	Balt	,	Marylai	Stote) 1d
23. FUNERAL DIRECTOR	N/UL'CA	02 Euta	inally	2	24o. REC'D	BY REGISTRAR	24b. REGISTRAR		



CERTIFICATE OF DEAT		CER'	<b>TIFIC</b>	ATE.	OF	DEAT	ŀ
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Disa No

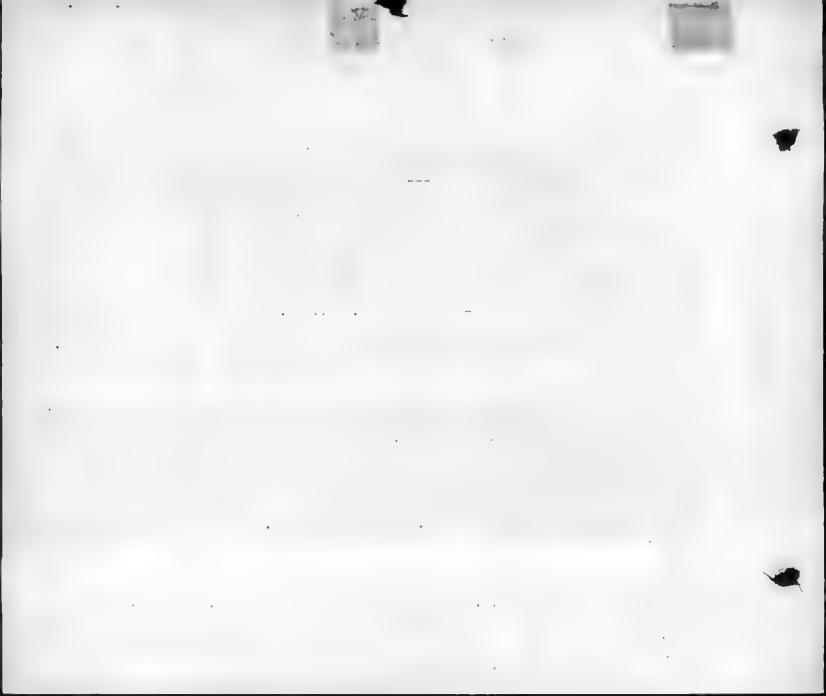
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_	. willbur var offere		59_		CEIXIII		716.	, DL					Reg. D	ist. No		- JA
1.	PLACE OF DEATH Baltimore				MARYLA	NO	0. 51	aryla		ere decens	ed lived	. Il institut b. COUNTY	ion Reside	nce befo	re odmis	sion)
	b CITY OR TOWN (If outs RURAL and give neorest	ide carporate limi tawn)	ts, write	c. LENGT	H OF STAY IN	16	c. CI	Y OR TOW	N (If o	utside corp	arole li	mits, write l	RURAL ond	give ne	arest tow	n)
L	Fort Howard	·		139	Days		D	undal	k	(	22)					
	d NAME OF HOSPITAL (IF	not in haspital, g	ive street (	oddress)	_		d. S	REET ADDR	ESS				<u> </u>		e. IS RES	SIDENCE FARM?
	Veterans Adm	inistrat	ion F	lospit	al		3/1	74 Mc	Shar	ne War	y					НО 🖸
3.	NAME OF DECEASED	Fire	st		Middle			Last		4. DATE		Ma	nih	Do	ıy	Year
L	(Type or print)	HARRY				W	VIDLA	NSKY		DEATH	· Fe	ebruar	У	24		159
5.	SEX 6. C	COLOR OR RACE	7 MARR	IED   NE	VER MARRIED		8. DATE C	F BIRTH			9. AG	E (in years birthday)	IF UNDE			ER 24 HRS
		White	WIDOWE	47	DIVORCED [	_ ,	Augu		. 18	388	170	yrs	months	Days	Hours	Min
10	JUSUAL OCCUPATION (G	ive kind of work of	ione 10b	KIND OF B	USINESS OR I	INDUS	TRY 11,	IRTHPLACE	(Stole o	or foreign	country)		12. CI	TIZEN C	F WHAT	COUNTRY
	echan <u>i</u> c			utomo	bile		W	illia	nsbu	irg.	N. J	ersey	J .	J. S	. A.	
13.	FATHER'S NAME							THER'S MA								
S	imon Widlans	ky					Sa	rah Ra	abir	nowit:	Z		٠			
	WAS DECEASED EVER IN	U. S. ARMED FOR		SOCIAL SE	CURITY NO	17. R	NFORMA!					Ado	ress			
Y	es WW	I	1	38-03	8-8360	Cl	in.R	ec.Ve	et.A	dm. He	ospi	tal.F	t. How	ard	Mar	vland
Г	18 CAUSE OF DEATH	Enter only one co	use per lin	e for (a), (	b), and (c) ]									INT	ERVAL BE	TWEEN
	PART I. DEATH W	AS CAUSED BY EDIATE CAUSE (6)	ENI	ARGEN	ENT OF	HE	CART								+ Me	
	50	DUE TO		MONAF	Y DISE	ASE	3									
	Conditions, if ony, w															
	gove rise to immed couse (o), stoting the u	diote (														
	lying couse lost	(c	PUI	MONAR	Y EMPH	YSE	IMA							2	+ Y:	rs.
ő	PART II OTHER SI			ONTRIBUTI	NG TO DEATH	1 BUT	NOT RELA	TED TO THE	TERMIN	NAL DISEA	SE CON	DITION GI	EN IN PAI	RT 1(a) 1	9 WAS	AUTOPSY
CATION	BRONCHITIS.														PERFC	DRMED?
CERTIFIC	20g. ACCIDENT WAS UN OR CONTRIBUTING C				INJURY OCC	-	). (Enler n	ture of inju	ory in P	art I or Pa	rt II of	item 18.)				110 00
CER.	(IF EITHER, NOTIFY MEDI	AUSE OF DEATH   CAL EXAMINER)														
3		onth, Doy, Yes	r 20d. IN	UURY OCC	URRED 20	e. PLA	ACE OF IN	JURY (Home	, form,	20f. (Ci)	y or lav	vn)		County)		(State)
MEDICAL	Hour e.m.	19	While of work	Not w		łac	tory, stree	, office bld	g., elc.)					•		, ,
		offended the		- Company			1	70 A	D-1	01.		10 50	Warsey	CII 7 2 27 7 7 2	CIES (CE	distant to
	21. I certify that's	ALLANA ALLA ALLA ALLA ALLA ALLA ALLA AL	VVYOVV	VVVV .	ماند میدانگذاند. معامل المحداد			יו יייטקי	r con			, 17-59	JOALA.K	22XIROL	AAC YIJG	devente
	COLIVER ON XXXXXXXX	Janpas	A AZA	AAAA (	and that a	earn	occurre	ه مالک				COUSES (		he da		ed abave ATE SIGNE
	ACTUAL	· one	um							industra (:	sireci, c	ny or town,	stolel			
	SIGNATURE	0, ~		~		^	W.D									/25/59
	PHYSICIAN'S NAME (Type) TRV TN(	T POPETAL	T M	D C	that of 1	N1	14 aa7	C		37 A TT	TWN	TIOTTA	DD 1	£4503E	43775	
220	BURIAL, CREMATION, 2		E .		E OF CEMETE			Serv:						IARY.		
	REMOVAL (Specify)	3/19/2	4	1								City, Iown,			(Stot	e)
72	Burial (C	PATINE O	1		Lawn						mor	e, Ma	rylar	nd .	ne -	
7.5	alla finit	Butte	and a	700 W	illow S	Spr	ings	Rd. 240	, REC'D	BY REGIS	⊑Q.		SIRAR'S S			

er death! Page 4 may be related by the haspital or attending physician.

FOR TOWNERS, ACCTOR, After this certificate has been signed by the attending physician and campletely fulled in the function page 3 should be fulled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after gooth. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITALS may be reta VS A15 (4) 15M 10/57

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	7	660	CERT	IFICA	ATE OF E	DEATH	1		Reg. Dis			<i>' U</i>
1. PLACE OF DEATH a. COUNTY Baltimore			MAR	YLAND	2 USUAL RESI 0. STATE Mary]		ere deceased	lived. If institut b. COUNTY		e befor	e admiss	ionj
b CTY OR TOWN (	outside carporate lim	its, write	E LENGTH OF STAT	Y IN 1b			utside corpor	ate limits, write	RURAL and g	ive near	rest town	) 1/
Fort Howa			26 Days		Balti			-	e1 3	V.		
d NAME OF HOSPIT	AL (If nat in haspital, i	give street	address)		d STREET A				2./		15 RFS	IDENCE
OR INSTITUTION	Administra				7003	North	Della	s Stree	+	1	ON A	FARM?
3. NAME OF	Fi		Middle		اما الما		4. DATE	Wo.				
(Type or print)	JAMES	-					OF DEATH			Day		fear
S. SEX		_			WILLIAMS  B DATE OF BIRT			Februa		1		9 59
			IED NEVER MARR					<ol><li>AGE (In years lost birthday)</li></ol>	Months	Days	Hours	Man
Male	Colored	WIDOWI			Decembe	r 15.	1910	48 m				
10a USUAL OCCUPATIO during mast af work	ing life, even if retired	done 10b.	KIND OF BUSINESS	OK INDUS	TRY 11. BIRTHPL	LACE (State o	ar fareign ca	untry)	12. CIT	IZEN OF	WHAT	COUNTRY
Laborer		CO	nstruction	Co.	Lacro	sse V	irgini	a	U.	_S.	A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Richard W:					Lucy E	durre						
IS, WAS DECEASED EVER	TIN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	O. 17, H	VFORMANT			Ado	dress			
Yes	WW II	1	29-10-9709	C1:	in Rec.	Vet. A	dm. Hos	mital.F	t. Howe	rd.	larv	heal
	TH Enter only one co	use per lir	ne for (a), (b), and (c)					Transport De	V * * * V IV V		RVAL BE	
PART I. DEA	TH WAS CAUSED BY-	CAR	CINOMA OF	STOU	ACH WTTH	MENT AS	STARTS	TO BEG	TONAT.	SINSE	TANK	DEATH
1 = · X	IMMEDIATE CAUSE (c	7	PH NODES A					10 1000.	TOMALD	1 1	TOIATI	. 35
Constituent		TILLE	H CENTON II	וד לדאת	A THE T THAN	LLS YEPHILL	-					
Canditians, if or gave rise to in	nmediate	,								-		
cause (a), stating (		)										
lying couse last.	) (c											
PART II. OTH	ER SIGNIFICANT CON			EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19	PERFO	AUTOPSY RMED?
5 PNEUMONIA	A, RIGHT UI										YES 🔀	NO 🗌
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	TRIBE HOW INJURY C	OCCURRED	(Enter nature a	Finjury in P	ort I or Part	II of item 16.)				
	Manth, Day, Ye	or 20d. IN	NJURY OCCURRED	20e. PLA	CE OF INJURY (	Home, farm,	20f. {City	or town)	ıc	ounly]		(State)
Haur o.m.	19	While at work	Not while	Fac	tory, street, affice	bldg., etc.	1	·		- "		
	77 A			7 <i>i</i>	۷۲۵	17-1		77	<u> </u>			
	at Kattended the											
MINE COCCOC	0000000000	ප්රඇතිය	page, and that	t death	occurred at					e date	e state	d abave
ACTUAL C	1 1/-	/				^	ADDRESS (Sir	eet, city or town,	state)		DA	TE SIGNE
SIGNATURE	ule way	a	)		AD. VAH	FORT	HOWAR	D MARY	LAND			2/12/
PHYSICIAN'S NAME (Type)	CHIEN WEI	AN. 1	M.D.									-,,
22a. BURIAL, CREMATION	N, 22b. DATE THERES	y¥	22c NAME OF CEM	ETERY OF	CREMATORY		22d. LOCATI	ON (City, town,	or county)		(State	)
BUTIAL (Specify)	2/10/1	159	Baltimor					more, M		d	fance	7
23. FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS Bal			240 PEC'D	BY PEGISTE		ISTRAR'S SIG			
Assa describicado	g phanas	7.0	08-10 N.Mc	maga.	St.	DATEEB	1 6 '59		Eur & +			
Arlington	O. P. 1111171	125 (1)	DO-TO MYNC	THE OF	200	- Alle			1 44.7	- Parvine		

VS A1S (4) 1SM 10/S7



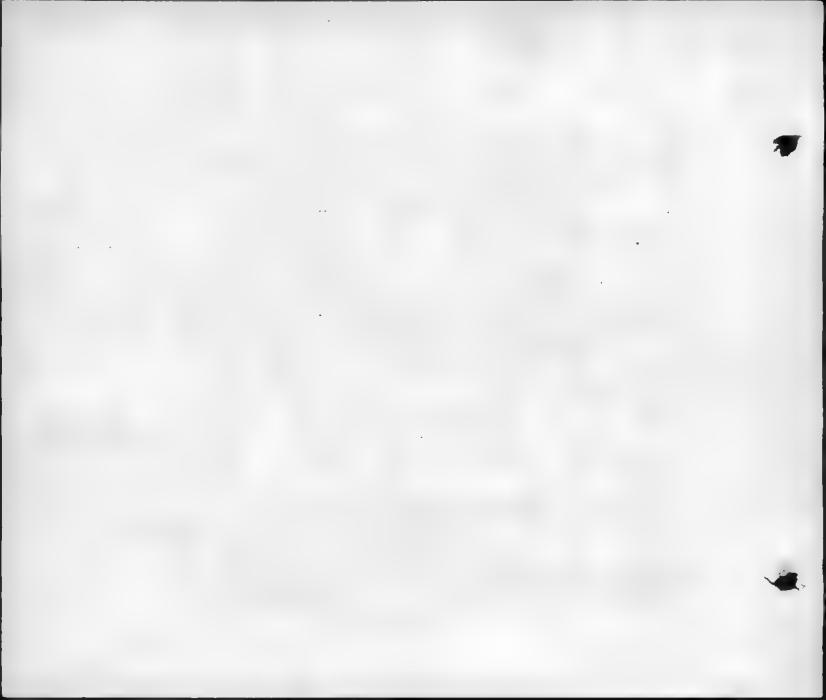
FOR STATE MEALTH DEPT cessary, please irector. Page foot your files. Board of Health, TO DEPUTY ACCOLAL EXEMBNER: This certificate shalled be executed within 24 hours after death. If any delay execute the Alficote, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funct 4 shauld by convarded to the Chief Medical Examines, s Office along with form PM3. Page 5 may be retained, TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State for its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 \*\*CAMEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 01666 Reg. Dist. No.

7. PLACE OF DEATH Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Maryland b COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 and give recent fown)	c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
Sparrows Point	Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARW?
Bethlehem Steel Dispensary	33 Lombardy Drive VES NOX
3. NAME OF DECEASED (Type or print) Williamson Chalmers Victor	Losi d DATE Month Doy Year OF DEATH Feb 4 1959
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED WIDOWED DIVORCED DIVORCED	8 DATE OF BIRTH 9. AGE (In years   IF UNDER TYEAR IF UNDER 24 HRS 12-19-1912  46 yrs. Months Days Hours M'n
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life even if relired)  Steel	Arkansas U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chalmers V. Williamson	Lillian W. McClendon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	ldred E. Williamson 33 Lombardy Dribe
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which  gover rise to immediate cause	Orst and Death Orst and Death Office of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control
(e), stating the underlying DUE TO	
couse fast. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT  200. EXTERNAL CAUSE WAS CAUSE OF DEATH,	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO
	(Enter noture of injury in Port I or Port II of item 18.)
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PL While at work at wark	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
21. I certify that I took charge of the remoins described abopinion death resulted from: Natural Australia Accident	
ACTUAL SIGNATURE SELLE COLLEGE	M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S TACK C COLLINS	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D
Burial Cremation 226 Date thereof 220 Name of Cemetery of Burial 2/9/59 Woodlawn Ce	formal formal
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Ullrich Funeral Home 2112 Dundalk Ave.	DATE FER 5 159 October & Kross

VS. A15ME 5M 2/57



		150	CER	IIFICA	E OF DE	-7111			Reg. Dis	t. No.	() 0
	LACE OF DEATH	Baltimore	Mi	ARYLAND 2	Marylan	NCE (Where	deceased l	p. Banta			mission)
t	CITY OR TOWN !! RURAL and give no Hale	outside corporate limits, wr pagest town) thorpe	te c. LENGTH OF ST	TAY IN 16	Haletho	,	`	e Ismits, write RI	URAL ond g	ive negrest t	lown)
C	OR INSTITUTION	AL (If not in haspital, give st 1714 Summit			d. STREET ADD		Aven	ue		0	RESIDENCE N A FARM? NO 2
C	NAME OF DECEASED Type or print)	Josepl	_	idle	Vern		OF DEATH	Febru		Day 25	Year 1959
5. \$	EX Male	%. COLOR OR RACE 7. A	_		DATE OF BIRTH	1870	9. 8	AGE (In years dost birthday) yrs.	-	YEAR IF U	NDER 24 HRS urs Min,
10a. (r	usual Occupation during meet of worder	ON (Give kind of work done king life, even if retired) Splay man	10ь. KIND OF BUSINES Мау Comp			E (State or Ltimo:		ifry)	12. CITI	U.S.	A.
13. (	FATHER'S NAME				MOTHER'S M	AIDEN NAA	WE				
		oseph R. Wer				en L.	Wonn				
15. 1 (Yes.		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	none	1	V.Wer	nig,l	714 S	Addi ummit A		Haleti	norpe
	PART 1 DEA	<u> </u>		ONSET A	L BETWEEN CLASS HOTEL						
7	Conditions, if o gave rise to i couse (o), stating lying cause last	mmediate the under-	yorashel C	ent cicea	a - E		a-freez			19	۲.
CERTIFICATION		HER SIGNIFICANT CONDITIO							EN IN PAKI	PE	RFORMED?
	OR CONTRIBUTING	AS UNDERLYING (1) 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJUR	Y OCCURRED (	Enter nature of a	n <del>j</del> ury in Par	1 I ar Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUI Haur a, m, p. m.	w	d. INJURY OCCURRED hile Not while work at work	factor	OF INJURY (Ho y, street, affice b	me, farm, ldg , etc )	20f (City o	town)	(C	ounty)	(State)
	21. I certify the alive on ACTUAL SIGNATURE	Todore U.	.09	and death of			ORESS (Stree	the causes of the causes of the causes of the causes of the causes of the causes of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	nd on th		
220	PHYSICIAN'S NAME (Type)  BURIAL, CREMATIC		22c. NAME OF C					N (City, town, e	or county)	(	State)
	SENGVAT (Specify)		New Cat	hedral		-	Balti		TO A DIE CO	h T. ID.F.	
	funeral director	ok, Inc., 12	ADDRESS 17 St.Paul	Stree		40 REC'D E MAR ATE	2 59		STRAR'S SIG		

may be re TO FUNERA

be filed with director,

y the rune 2 should b

DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 prior to burial, cremation, or remaval, and in any event within 72 hours after death.

ofter death. Page

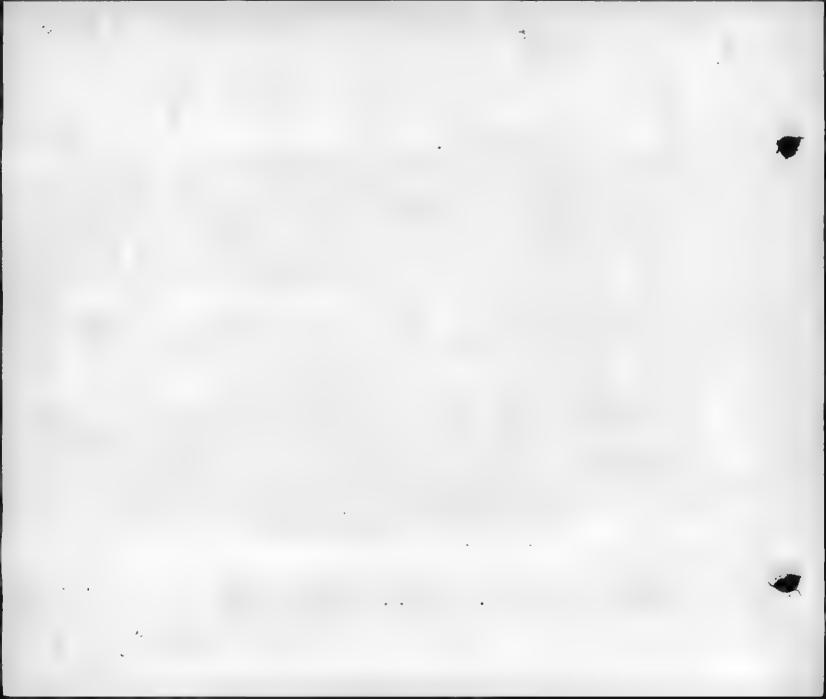
requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1000	AL EXAMINER'S	CERTIFICAT	E OF DEA	TH Reg. Dist	12904
PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (W		If institution: Residence	
b. CITY OR TOWN (If and give recrest town	autside carparale limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate lim	its, write RURAL and g	ve nearest fown)
d NAME OF HOSPITA	3508 Washingt		d STREET ADDRESS			e IS RESIDENCE ON A FARM YES NO
NAME OF DECEASED (Type or print)	JOHN First	Middle	WILLIS	4. DATE OF DEATH	Month February	Doy Year 6 1759
Male		RRIED   NEVER MARRIED   8 WED   DIVORCED	DATE OF BIRTH	9. AGE I Igot bart	ulas I	YEAR IF UNDER 24 HRS
during most of workin	ON (Give kind at wark done 10 ig life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZE	N OF WHAT COUNTRY
3 FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
5. WAS DECEASED EV	ER IN U. S ARMED FORCES? (If yes, give war or dates of service)	16 SOCIAL SECURITY NO 17. IN	FORMANT	r de 100	Address	-
Conditions, if of gove rise to immed (a), stelling the scoule last.	ny, which (b) (b) onderlying (c)	arcinoma of lung	OT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART :	ONSET AND DEATH  PRY 13  (a) 19. WAS AUTOPSY PERFORMED?  YES 10 NO 1
200 EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	JSE WAS NTRIBUTING   206 DESC	RIBE HOW INJURY OCCURRED (EA	ter nature of mjury in Part	Lor Part I) of item 18	*)	
20c. TIME OF INJUI Hour e. m. p. m.	W	d. INJURY OCCURRED 20e. PLACI hile Not while factor work at work	E OF INJURY (Home, form, y, street, office bldg., etc.)	20f (City or lown)	(Count	y) (Stote)
	nat I taok charge of the resulted from Nature	e remains described abov			on, Inquiry Undetermined mo	
ACTUAL SIGNATURE	Tharles S.	Letty -	M.D CHIEF MEDICAL EX		,	DATE SIGNED
EXAMINER'S NAME (Type)	Charles	S. Fetty, M.D.	ASSISTANT MEDICAL E	99,00	4	Feb. 6, 195
PEMOVAL (pecily)	13. 23.39	Vi of Med West	-falore	27d. LOCATION (CIT)	more V	(Stole)
FUNERAL DIRECTOR	2 JIONATURE	ADDRESS		AR 2 4 '59	th REGISTRAR'S SIGN	

VS. A15ME 5M 2'57



**CERTIFICATE OF DEATH** 

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			2.00	v		CERTIFIC	JAI	IL OF L	ZAII	•		Re	g. Dist. N	lo.	
	1 17	LACE OF DEATH COUNTY Baltimore	9			MARYLAN	- 11	o. STATE		era decense	d lived. If ins b. COU	titution: R Balt:	esidence be imore	fore admis	sion)
	Ь	CITY OR TOWN (II	outside corporate lim	its, write	c. LENGT	TH OF STAY IN 1	Ь				rote limits, wr	ile RURAL	ond give r	earest tow	n)
	Ca	atonsville					1	-2 Cato	nsvil]	Le					
			AL (If not in hospital, (	give street	oddress)			d. STREET A						ON /	SIDENCE A FARM?
		16 Somers	et Road					16 50	merset					YES	NO
	D	IAME OF PECEASED Type or print)	Fig.		TO OM	Middle		Los	t	4. DATE OF DEATH	Thele	Month		Day	Yeor 19
	5. SI		EDWARD  16. COLOR OR RACE	7	ISON	VER MARRIED [	7 0	DATE OF BIRT	ш	1	9. AGE (In y	1,19	INDER I YE	AR IF HAID	
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	10o	A	N (Give kind of work		"read	BUSINESS OR IN				or foreign o	1.500		2. CITIZEN	OF WHA	T COUNTRY?
1		during most of work	ing life, even if retired	) ]		one Co			ryland	_	,,	ľ			
	13 F	Retired			erebu	0716 00		14 MOTHER'S							
	Ī	Ben far	nin Wilson						nce Sr		n				
and the	15 V		R IN U. S. ARMED FOR	CES2 116	SOCIAL SE	CURITY NO. 1	7. INFO	DRMANT	TICE DI	ILL 0120 (	.41	Address			
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		Conditions, if or		)(											
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	_	lying couse lost.	) (												
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	₹.		Ch.	بالمقار	العاوي	erolic	<u></u>	, and in	TVOL	ميلان	L	120,	LL	YES [	NO <b>1</b>
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	3	20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. I	NJURY QC	CURRED 20e		OF INJURY			or town)		(Count	y)	(State)
	MEDICAL	Hour o.m.	19	While of wor		while ork	factor	y, street, offici	bldg., etc	)					
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		alive on		12.4	2	ana mar ae	ain o	בכטווופם מו			n the caus Maet, city or h				ed abave. ATE SIGNED
		ACTUAL SIGNATURE	4.5 Ly T.	X	clia	Ray	M.E	). <u></u>	40	( 7	Rand	ow	Ro	ad	AIE SIGNED
		PHYSICIAN'S NAME (Type)	JOHN	F	<b>.</b> 5	HAEFE	R		5	aet	5.29	7	nd.		
	220	BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THERE	)F	22c. NA	ME OF CEMETER	Y OR C	REMATORY		22d LOCA	TION (City, to	wh, or ca	unly)	(Sla	te)
		Burial	2-4-59	9		Cathedra	1				3altimo	re M	٦		
	23. F	UNERAL DIRECTOR	SSIGNATURE		ADD	RESS				BY REGIS	TRAR 24b.	REGISTRAI	R'S SIGNAT		
		F.C. High	nhothom,E	llico	tt Ci	ty, Md			DATEFEB	4 '5	9 (	Irthur	S. Kin	u.s	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page a may be refused by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shabild be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror prior to burial, cremotian, or removal, and in any event within 72 hours ofter death.

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VS A1S (4) 15M 9/5S



	1.6	$6L_{-}$	CERTIFIC	AIL OI	PEALI			Reg. Di	ist. No		
PLACE OF DEATH				2. USUAL RES	IDENCE (WI	here decease	d lived If instituti		ice befo	re admis	sion)
2. 400111	Baltio	re	MARYLAND	0. 3.7.12	Md		b. COUNIT				
b CITY OR TOWN (If a	ARM IS IN INC.		c LENGTH OF STAY IN 16	c. CITY OF	TOWN (If	outside corpo	rote limits, write R	URAL and	give ne	arest town	n)
RURAL and give neor								arm.	_ ^		
	verness		1			imore	3	*		*	
d. NAME OF HOSPITAL OR INSTITUTION	. (If not in hospital, s	give street	oddress)	d. STREET	ADDRESS					e. IS RES	SIDENCE A FARM?
				1703	5 Tnv	ernes	s Ave.				] NO [
NAME OF	Fi	nd	Middle	li li	et	4. DATE	Mon	th	De	***	Yeor
(Type or print) Ann		-	***************************************		***	OF DEATH	merca. 49				
				T		DEATH	I CDa	25	VCIO		1959
SEX	COLOR OR RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years lost birthday)	Months!	Days	Hours	Min
Female	White	WIDOW	TED DIVORCED	July 2	6 1	964	54 yrs.	1	Duji	110013	262411
. USUAL OCCUPATION	Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHI	LACE (Stote	or foreign c	ountry)	12 CI	TIZEN C	OF WHAT	COUNT
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FATHER'S NAME			House Wife	14 MOTHER					0 1	2.1	
				14 MOINER	2 WAIDEN I	INWE					
Ludwig	Stylc					Dez					
. WAS DECEASED EVER	N U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO 17.	INFORMANT			Add	ress			
(es. no or unknown) [1f	yes, give wor or dates of t	ervice)		Anthor	orr Wei	nces	1606 Cd	real	នៅ	<b>-</b> .	
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Conditions, if any		·}	<del></del>								
couse (a), stating the		)									
lying cause lost.	) (	:)									
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										YES 🖂	DRMED?
20- ACCIDENT WAS	I INDEBLAINE CO	20h Des	SCRIBE HOW INJURY OCCURR	CD (Enter notion	of injury on	Part Los Par	ett of item 10 t			11.3	110
PART II OTHER 200. ACCIDENT WAS OR CONTRIBUTING [ [IF EITHER, NOTIFY M	CAUSE OF DEATH	200. DES	TOWN INJURY OCCURR	ro (carer apiore	or injury in	TOTT OF POI	in or tiem to ;				
	EDICAL EXAMINER)										
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye			LACE OF INJURY	(Home, form	n, 20f (Cit	y or town)	{	County)		(Stat
Hour a.m.	19	While	Nat while to the last while to the last while to the last work to the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while the last while	actory, street, affi	re blog , elc	-1					
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glive on 3	125	. 19	and that deat	h occurred a	104	A from	m the causes	F			
	D	1					itrest, city or town,		ne de		ATE SIG
ACTUAL A	of annual	2/	Kalle	~)	A 23	(1)	-1,		1		310
SIGNATURE	wynx	0	2000	M.D.	$Q \supset 1$	144	defilled	-0			-
PHYSICIAN'S											
NAME (Type)											
O. BURIAL, CREMATION	226. DATE THEREO	OF .	22c. NAME OF CEMETERY (	OR CREMATORY		22d, 10CA	TION (City, Iown,	or county)		(Sto	te\
REMOVAL (Specify)	1						ltimore			(310)	-1
Rurial	1 March	2/59		gr.A							
FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a REC	D BY REGIS		STRAR'S SI			
Fred W Oz	szewski	1030	Pastern Av	e.	DATE	ar 2	9 Ch	Thurt I.	1 Nat	22.4%	

TO HOSPITA: OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have defected the death. Page 4 may be read by the haspital or attending physician.

TO FUNERA OIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shawld be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55



## FOR STATE HEALTH DEPT.

rector, please i rector. Page or you files. TERRITY \*\*EDICAL EXAMINER: This certificate should be executed within 24 hours after dooth. If ony delay is accessived to the first of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the

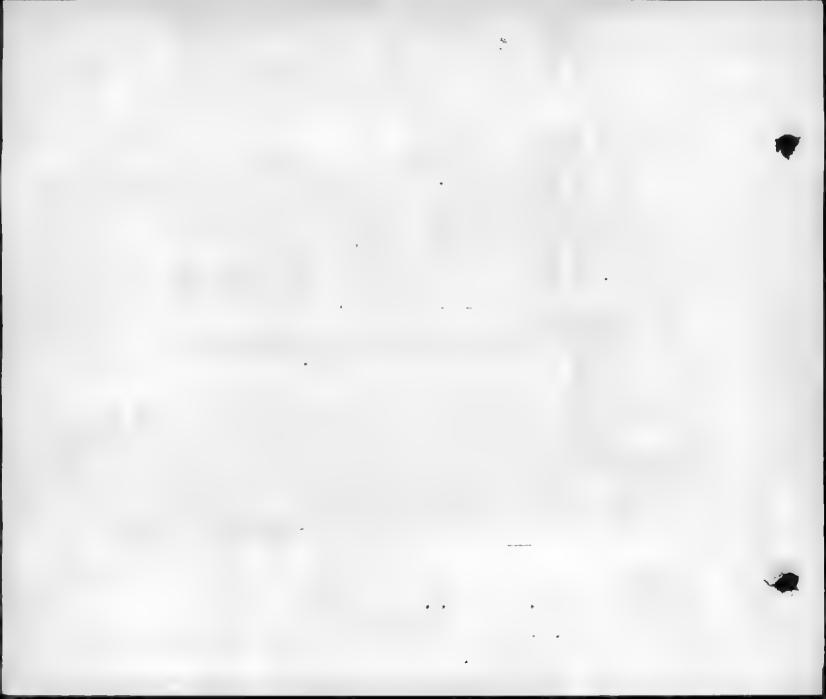
VS A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 166MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01669

Ren Dist No.

							Keg, wi	21, 140.	
PLACE OF DEATH	Baltimore		MARYLAND	2 USUAL RESIDENCE (V	yland	lived If insul b COUN			
b CITY OR TOWN ond give nearest for TOWS	1 Fourside corporate (im ts. write im)	RURAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN (I	,	ote limits, write	RURAL and	give ne	orest town)
	604 Washing			d STREET ADDRESS	Washin	gton Av	enue		ON A FARM
3 NAME OF DECEASED (Type or print)	Firs LJFTH		Middle	WINEGAR.	4. DATE OF DEATH	Mont	h Mary	Doy 8	Yeor 19 <b>59</b>
5. SEX		-	D NEVER MARRIED DE	DATE OF BIRTH		AGE (In years last birthday)	IFUNDER I	YEAR	IF UNDER 24 HR
100. USUAL OCCUPAT	ION (G ve kind of work of	ione 10b. K	ind of Business or Industrian	RY 11. BIRTHPLACE (State	or foreign coun	52 yrs	12 CITIZ US		WHAT COUNTR
13. FATHER'S NAME				14. MOTHER'S MAIDEN I					
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5			HOW INJURY OCCUPRED LE				VEN IN PART		PERFORMED?
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			emgins described abo guses [K], Accident*[	, Suicide ,	Homicide [			onner	OND IN MY
NAME (Type)  270. BURIAL CREMAT	ON 226, DATE THEREO!		in, M.D.	ASSISTANT MEDICAL  CREMATORY	-		or county)	-/ 7/	[Stote]
REMOVAL (Specific Removal/Bur	Y)	1	Winegar Famil		Church		Tenn	688	. ,
John Burns	e's signature st Sons, Tow	son,	ADDRESS Md.		D BY REGISTRAN		STRAR'S SIG		



	16	666	CERTI	FIC/	ATE OF D	PEATH	1		9	leg. Dist.		· · · L	UII
1. PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere decease			Residence	before a	dmissio	n)
a COONIT	altimore		MARY	LAND	a. STATE	Maryl	land	b. COU	YTY				
b CITY OR TOWN (IF ou	Iside corporate limit	s, wrile	c LENGTH OF STAY	IN 16	c CITY OR 1	OWN (If o	utside corpo	prote limits, wri	le RUR	AL ond giv	re nearest	l lown}	V
RURAL ond give negre Randall	stown				Baltimo	re			2	*	ji ji		
d. NAME OF HOSPITAL	If not in hospital, gi	ve street (	oddress)		d. STREET A	DDRESS					e. I	S RESID	ENCE
	Hill Conv	reles	cent Home		3309 Li	berty	Heig	hts Ave	enue	e #1	5 1	ON A F	
3 NAME OF	Firs		Middle		Las		4. DATE		Month		Day	Ye	
DECEASED (Type or print)	MOLI	Y	W.		WOO		OF DEATH		eb.		21	19	E CO
5 SEX   6			IED NEVER MARRI	ED K	B. DATE OF BIRTI	1		9. AGE (In ye	ors IF	UNDER I	YEAR IF	• •	
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during most of working  Retired Scho	life, even if retired)	22			Mam	rland	or voruigin c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			E14 O1 4	111111	OUITE
12. FATHER'S NAME	OT LEGGILE	2T			14 MOTHER'S		IAME						
	or Wood												
Charles Wesl		*CC2   24	SOCIAL SECTIONS NO	[17 (	NFORMANT	gia Co	22.		Address				
(Yes no or unknown) (If ye	s, give war or dates of se	LAICE)				3 - 4/	D				20-4	CA.	
No			None	-	r. Orland	10 A.	Price	Jr	(00)	) L.,	32 ne.	501	reet
			ne far (a), (b), and (c)								ONSET		
PART DEATH	WAS CAUSED BY: MEDIATE CAUSE (0)	SAH	COMA WITH	GENI	SKALIZED	METAS	STISES	3				ear	
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Conditions, if ony,													
gove rise to imme	ediole												
lying cause lost.	(c)												
PART II. OTHER			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN	IN PART I	(o) 19. V	VAS AL	JTOPSY
AT .		PA	RKINSON'S	DISE	EASE							ERFORA	
200 ACCIDENT WAS U	NDERLYING []		CRIBE HOW INJURY O	CCURRE		injury in P	ort I ar Por	t II of item 18.)					10 E2
PART II. OTHER  PART II. OTHER  PART III. OTHER  PART III. OTHER  PART III. OTHER  III. OTHER  PART III. OTHER  PART III. OTHER  PART III. OTHER  PART III. OTHER  PART III. OTHER  PART III. OTHER  PART III. OTHER	CAUSE OF DEATH		****	<b>**</b>									
		r 20d IN	NJURY OCCURRED	20e. PL	ACE OF INJURY (I	lome, form.	20f (Cib	or lown)		(Co.	unty)	• • • •	(State)
Hour o.m. 46		While	光光·冷計本法。	foo	tory, street, office	bldg., etc.	)						(2,016)
			at work		****					****			
21. I certify that		decease	ed fram 25 JU	196	, 195	to2_	Febr	<u> </u>	-591	hot I la	st saw	the d	ecease
olive on 21 Fa	brusky	-, 12	59 and that	death	occurred at						date:	stated	abav
m.	il/lar	FI	Tust	10	7			treet, city or to	wn, sto	de)		DAT	E SIGNE
SIGNATURE	ceary	[+	Muserd	Z	м р. 5101	Gwynr	1 Oak	Avenue			2/2	3/59	2
THE PROPERTY OF THE PARTY OF TH	/				D-74.5								
NAME (Type)Milla	rd T. Tra	band	Jr.		Hait	more,	12 N	aryland	1				
Zo. BURIAL, CREMAT ON, REMOVAL (Specify)	226. DATE THEREOF	F	22c. NAME OF CEMI	ETERY O	R CREMATORY		22d. LOCA	TION (City, lov	m, or c	county)		(Stote)	
Burial	2/24/59		Loudon P	ark	Cemeter	7	Balt	imore,	Mar	rylan	d		
23 FUNERAL DIRECTOR'S SI	GNATURE	0/	ADDRESS					RAR 24b R					

DATE FEB 2 4 159

wiling & Heart

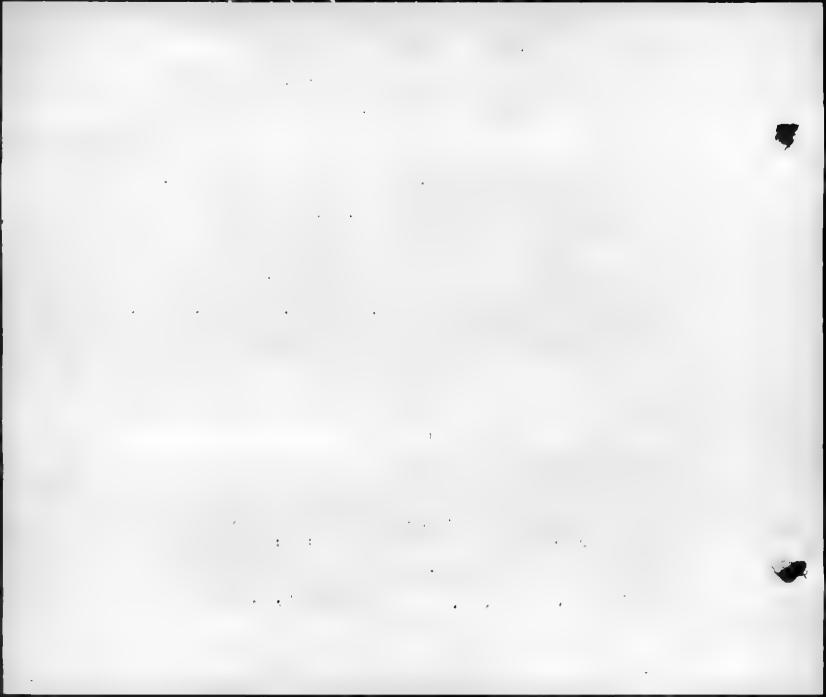
TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be retain by the haspital or attending physician.

\*\*O FUNERAL DINCETER: After this mentificate has been signed \*\*\* the attending physician and \*\*\*mpletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event of this parts of the death.

M.

TO HOSPITAL OF

V\$ A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

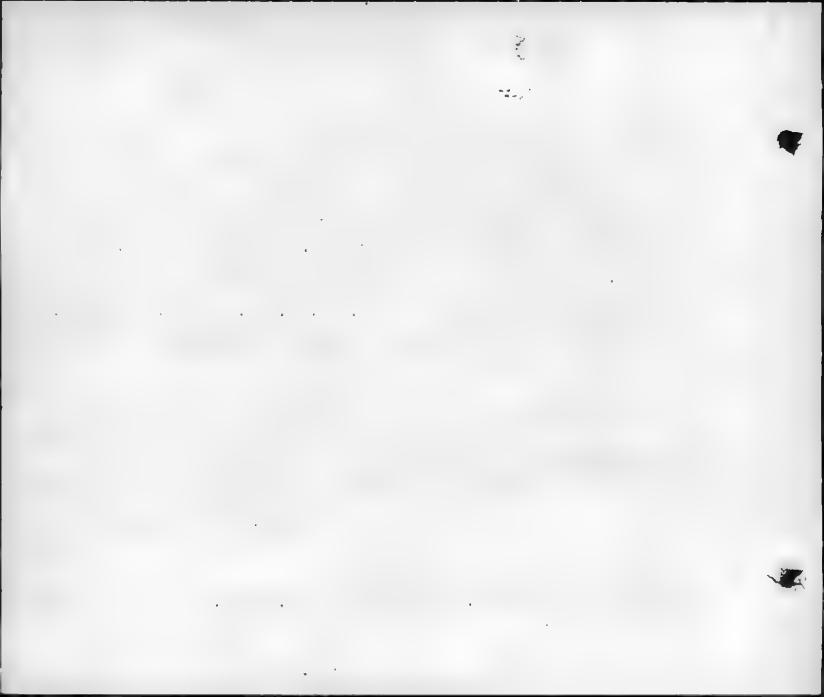
1	-/-	,
stor.		

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01671

		7	QUILTII.	14711	OI DEAII	•		Reg. Dist.	No.	
1 PLACE OF DEATH				7	USUAL RESIDENCE (Wh	ere decease		in Residence	befare adm	uss on)
	imore		MARYLA	ND	o. STATE Marylar	ad	b COUNTY			
	(IF outs de carporate limit	, write	c. LENGTH OF STAY IN	Ъ	c. CITY OR TOWN (If o		orate limits, write RI	JRAL and giv	e nearest to	wn)
Fort H			149 Days		Baltimo	מינר		311.	1 200	,
OR INSTITUTION	TAL (If nat in haspital, gr		oddress)		d STREET ADDRESS					ESIDENCE A FARM?
Veterans	Administrat	tion	Hospital		1109 Sarger	at St			YES	□ NO [3
3 NAME OF DECEASED	Firs	t	Middle		Last	4. DATE OF	Mani	h	Day	Year
(Type or print)	ROBER		F		WUNDER	DEATH	Februa	W	_5	19 59
5. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	<b>K</b> 8. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		
Male	THE PERSON NAMED IN COLUMN 1	WIDOWE		_   ,,,,,	me 3. 1902		56 yrs.	Manths D	ays Haur	s Min
10a. USUAL OCCUPATI during most of war	ON (Give kind of work d rking life, even if retired)	ane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar fareign (	country)	12 CITIZ	EN OF WH	AT COUNT
Laborer		Sc	rap Iron Co		Balto. Md			U.	S.A	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N	IAME				
	. Wunder				Matilda 1	Brehm				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17 INFO	RMANT		Addr	ess		
Yes	WW II		Unknown	Clir	. Rec. Vet.	Adm.	Hospital	. Fort	Howar	cd. Me
18 CAUSE OF DE	ATH [Enter only one cau	ise per lin	ne far (o), (b) and (c) ]						INTERVAL	BETWEEN
	ATH WAS CAUSED BY.	01	RCINOMATOSI	C DE	שיידים שמתאודי	יישרווווו	TEDMINGT		ONSELAR	PLATH NA
149	MMEDIATE CAUSE (a)	U	TUCTIAOLIMIODI	O II	Thruit Ofte	OMDE.	T Lutha TAIMS		DIVID	7401114
	S DUE TO									
Canditians, if a										
cause (a), stating	N DUE TO									
lying cause last.	) (c)									
PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART I	PERI	S AUTOPSY FORMED?
= 20a. ACCIDENT W	AS UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCC	URRED (F	Ner ontere of injury in P	Part Lac Pa	rt II of item 18.1		153 5	_ NO [2
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER			omeo je	nar nara ar mjery m	417 ( 47 ) (4				
3 20c TIME OF INJUI	RY Manih, Day, Yea	r [ 20d. IN	NJURY OCCURRED 20	e. PLACE	OF INJURY (Hame, farm,	20f. (Cit	v or town)	/Cou	unty)	(State
20c TIME OF INJUIT	19	While	Not while	factory,	street, office bldg., etc.	}	,,	1000	,,,,,	(Jidio
	TA	at worl		•		<u> </u>				
21. I certify the	hat X attended the	decease	ed from Septemb	er 9	. 19 <u>58</u> , to Fel	bruar	y 5 , 1959	MANAMA	<b>ADMODIS</b>	<b>620/2669</b>
	200000000000000000000000000000000000000									
()	,		•				itreel, city or town,			DATE SIGN
SIGNATURE	ma 7	ree	man	M D						
7				IVI.D						
PHYSICIAN'S NAME (Type) Th	WING FREEMA	N. M	.D.Chief, M	edica	l VAH Ft.	Howa	rd. Md		:	2/5/50
220. BURIAL, CREMATIC			22c NAME OF CEMETE				TION (City, tawn, a			1. 1.1. 1
REMOVAL ISpecify	101915	9	Louden Par				timore, M			ate)
23 (FUNERAL DIRECTOR	PERIONATURE	1	ADDRESS T GI					TRAR'S SIGN		
Homey .	o orian 4	Jon	9017	ollin	C Mary Mary			TRAK'S SIGN		
Cowan Fun	eral Home H	allir	s & Ponnlet	on St	Rel t PATE F	E'22 ()	21.00	Un Argus M	5036/3	

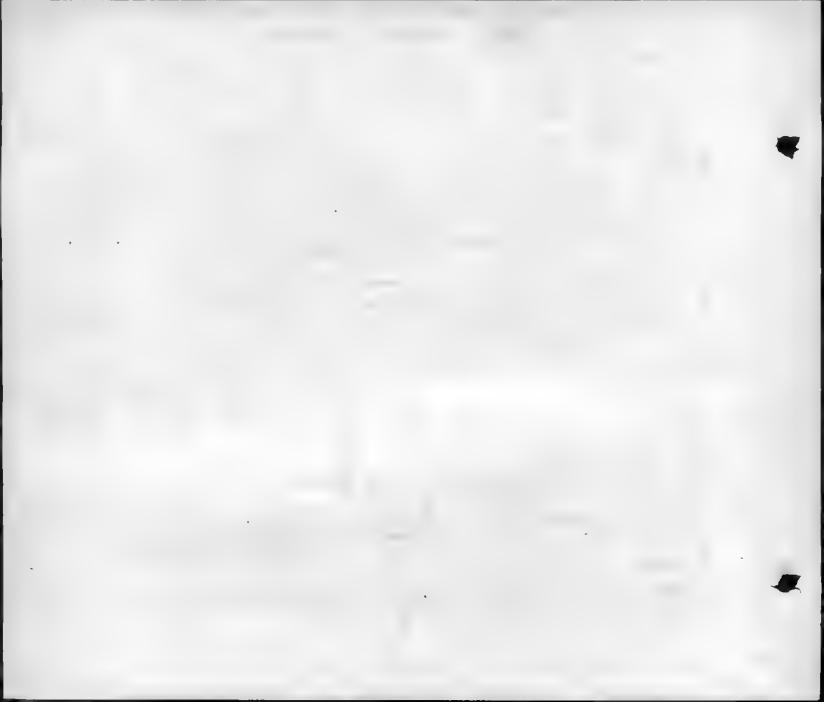


1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
5	1668 CERTIFICATE OF DEATH Reg. Dist. No.	572
2	ACE OF DEATH COUNTY  COUNTY  ACT OF PEATH COUNTY  ACT OF DEATH COUNTY  Baltimore	)
4	CITY OR TOWN (If autside corporate limits, write   c LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	rel Filesville X Pikesville nt. Jilson	
geth.	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION    d STREET ADDRESS	
	AME OF First Middle Last 4. DATE Manth Day Yes	br
	ype or print) Robert D. G. Zeigermann DEATH Fabruary 6, 19	- 59
I	6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF U	
	le Milite WIDOWED DIVORCED Oct. 10, 1797 87 61yrs.	Min
	USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT Co	DUNTR
	Store At. Wilson Hosp, Maryland U.S.A.	
1	ATHER'S NAME 14. MOTHER'S MAIDEN NAME	
/	Bernhardt G. Zeigermann Lertha Siemen	
	(AS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT And in teddress 1, 18 yes, give wor or defea of service)	
	There are the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	
-	8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
	PART I, DEATH WAS CAUSED BY: 10 C	EATH
	14/6 X DUE TO	7-3-
1	Conditions, if any, which }	
	gove tise to immediale	
	cause (a), stating the under-	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AU	TORCY
	PERFORM	ED?
	9a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18)	10
	9a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18 )  PRODUCTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
- 1		
	Hour a. m. While Not while foctory, street, office bldg., etc.)	(State)
ı	p, m, 19 al work of wark	
ı	1. I certify that I attended the deceased from 10 to 1955 to 2010 16, 1957, that I last saw the de	ceas
ı	plive on Acres 16, 1957, and that death occurred at 2.35 AM, from the causes and an the date stated	abov
ı		SIGN
	IGNATURE DESCRIBE DE CINC. M.D.	
4		
ı	HYSICIAN'S ELOSEPH DB KINC.	
F	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d 10CATION (City Igwn, or county) (Stote)	
	Period reb. 9.1959 Druid Rid e Cometery Filesville 2. Id.	
1	INERAL DIRECTOR'S SIGNATURE 240 REGISTRAR'S SIGNATURE	
	System A. March Lakery Ko 8 May DATE FEB 1 0 '59 anthon & thouse	
	ATTIMES INC. IN MINERAL AR MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANAGE AND A MANA	



Page 4	director, ited with	(	-	P.4-
TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the haspital ar attending physician.	TO FUNERAL (RECTOR: After this certificate has been signed by the attending physician and campletely filled in 17 the funeral director.	The registrar prior to burial, cremation, or removal, and in any event within /2 hours after depm.	I	114
VS /	₩ 415 (4) 9/55		,	*

<u> </u>							•		Reg. Dist	. No.	
	PLACE OF DEATH				2	USUAL RESIDENCE (WIM	ere decease		oni Residence	before odm	ission)
	o. COUNIT	Baltimore		MARYLANI	·	o. STATE Maryl:	and	b. COUNTY			
	b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 11	,    -	c. CITY OR TOWN (If or	utside corpo	trate limits, write R	JRAL and gi	re nearest to	wa)
	RURAL and give	tonsville		lyrlmth24dys		Baltimore		3V0	11-4		
	d NAME OF HOS	PITAL III not in hospital of	jive street	oddress)		d STREET ADDRESS				e, IS R	ESIDENCE
	OR INSTITUTION	ROVE STATE	HOS	PLAL		2716 Clease	en Ave	enue			A FARM?
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon	th	Day	Year
	(Type or print)		Louis		Zi	mmerman	DEATH	Feb	ruary	25	19 59
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE [in years		YEAR IF UN	
ш	male	white	WIDOWI	ED DIVORCED		Jan. 15. 18	86	73 yrs.	Manths [	Poys Haur	's Min
100	. USUAL OCCUPAT	ION (Give kind of work	done 10b	KIND OF BUSINESS OR INI	DUSTRY	11 BIRTHPLACE (State of	ar foreign c	ountry)	12. ÇITIZ	EN OF WH	AT COUNTRY
	tailo	rking life, even it refired <b>T</b>	'	tailoring		Russia			U.	S. A	
13.	FATHER'S NAME				1-	MOTHER'S MAIDEN N	AME				
1		Morris Zimm	e rma r	1		A	nnie				
15	WAS DECEASED E	ER IN U. S. ARMED FOR	CES7 16.		INFO			Addi	'615		· · · · · ·
	nknown	(If yes, give war or dates of I		13-12-6638 F	lean	rds: SPRIN	G GR	OVE STAT	E HOS	SPITAL	
		EATH [Enter only one co					C C C	0127 02112		INTERVAL	RETWEEN
		EATH WAS CAUSED BY-		neralized per	itor	intic				ONSET AN	ID DEATH
	6 4	/ IMMEDIATE CAUSE (d		neretraed ber	<u> </u>	17070				-	
П	C 3111 16			angrenous app	end:	citis					
1	Conditions, if	Immediate	)								· · · · · · · · · · · · · · · · · · ·
	couse (o), stolin		)								
Z	lying couse los		·	FONTOIDUTING TO DELTH	LIE NION	OPLATED TO THE TERMS		F. COLINICAL COL			
5	PAREIL	THEK SIGNIFICANT CON	-	CONTRIBUTING TO DEATH B			NAL DISEAS	E CONDITION GIV	EN IN PAKI	PERI	FORMED?
5	20- ACCIDENTA	VAC UNIDERLYING T						. If of 'A 30 s		YES L	Д ио 🗆
CERTIFICATION	OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING  IG CAUSE OF DEATH IY MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCCUR	אנט (נ	iter nature at injury in r	orr I or ror	i is or item 10 j			
MEDICAL		JRY Month, Day, Ye			PLACE	OF INJURY (Home, form, street, office bldg, etc.)	20f (Cily	or lown)	(Co	unly]	(Stole)
MED	Hour o.m	16	While of wor	k of work	i de loi y	ares, orice bug, etc.	'				
	21. I certify	that Lattended the	decens	ed from Dec. 3]		19 56 to 1	Reh.	25 10 50	that I la	st saw th	a deceases
	alive on	Feb. 25	195	9 and that dea	th ac	ourred at 12:03	am from	n the couses of	nd on the	date sta	ted above
		73	, ,	*				freet, city or tawn,			DATE SIGNED
	ACTUAL SIGNATURE	Stella	Was	Ebster	M.D.	SPRING C	ROVE	STATE	HOSPIT	PAT. 2	-25-59
П					_ 181.0.				11000		-=
_	PHYSICIAN'S NAME (Type)			er, M. D.		Catons vi	lle 2	B, Mary la	nd		
220	REMOVAL (Special	ON, 226. DATE THERES	59	Perseur	OR CR	KLEW	22d. LOCA	TION (CG town, o	county)	7/1	ote)
23/	FUNERAL DIRECTO	R'S SIGNATURE	-	ADDRESS	1	240 REC'D	BY REGIST	TRAR 246. REGIS	TRAR'S SIGN	NATURE	
10	2CK TE	eces pue	21	006 utai	U/	DATE FF	32 / 3	9 4	my 8 9	true:	
1									, , , , , ,		



VS. ALSME BM 2/57

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1.	PLACE OF DEATH	Minnela	//	Balto.	-	23 SUAL RES	IDENCE (W	/here deced	sed lived.	If institu	And	Dist. No		ssion)
1	ngelbrith	Shore No.7	, Bowl	eys Quante	MAND	Baltin	more i	d.	13 b	. COUNT	4	130	eta	
l	ond give neorest town)	outside corporate limits, write	FÜRAL	c. LENGTH OF STAT	Y IN 16	c. CITY OR								wn) 21
	d. NAME OF HOSPITA	L OR INSTITUTION (II	not in hosp	l ital, give street addr	ess)	Bowle; d. STREET	ADDRESS						e. IS RE	ESIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)	firs Harr		Middle		lost Zin		4. DATE OF DEATH	Fe	Month		Doy		ear 9
5. !	SEX	6. COLOR OR RACE	7. MARRIEI	DEN SEVER MARRI	ED 🔲 8.	DATE OF BIRTH	4		9. AGE	In years	-	R IYEAR	IF UND	ER 24 HAS.
	Male	White	WIDOWED	DIVORCES		Dec.19,	1892		66		Months	Days	Hours	Min.
100	during most of working	N (Give kind of work d a life, even if retired) Retired	one 10b. KI	ND OF BUSINESS OF	R INDUSTR	Y 11. BIRTHPL		or foreign	country)		12. CF	TIZEN O	WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S		IAME						
		John P.Z	ink			*6k	***	Charo	lett-					
		R IN U. S. ARMED FOR	ervice)	5-10-3724		formant s. Marg	A	Zink	3335	Address	view	Ave	Bal	to. M
CATION	Conditions, if or gove rise to immed (o), stating the couse tost.	liote couse	DITIONS CO.	NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	SE CONDI	TION GIV	EN IN PA			AUTOPSY PRMED? NO []
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